

1 IN THE UNITED STATES DISTRICT COURT
2 FOR THE EASTERN DISTRICT OF OHIO
3 EASTERN DIVISION

5 IN RE: NATIONAL : MDL NO. 2804
PRESCRIPTION OPIATE :
6 LITIGATION :

7 : CASE NO.
THIS DOCUMENT : 1:17-MD-2804
8 RELATES TO ALL CASES :
 : Hon. Dan A.
9 : Polster

11 SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK
12 IN RE OPIOID : Index No. 400000/2017
LITIGATION : Suffolk County

14 CIRCUIT COURT OF COOK COUNTY
15 COOK COUNTY, ILLINOIS
16 THE PEOPLE OF THE : Case No. 2017L 013180
STATE OF ILLINOIS, : Consolidated with
17 AND COOK COUNTY : 2018L 3908 (JERSEY COUNTY)
ILLINOIS : 2018L 2943 (KANE COUNTY)
18 : 2018L 2916 (MACON COUNTY)
V. : 2018L 2948 (MCHENRY
COUNTY)
19 : 2018L 3728 (LAKE COUNTY)
PURDUE PHARMA, L.P. : 2018L 3909 (UNION COUNTY)
ET AL. :

21 JENNIFER ALTIER
Thursday, August 2, 2018

23 HIGHLY CONFIDENTIAL - SUBJECT TO FURTHER
CONFIDENTIALITY REVIEW

Videotaped deposition of
JENNIFER ALTIER, taken pursuant to
notice, was held at the law offices of
Carella Byrne Cecchi Olstein Brody & Agnello,
PC, 5 Becker Farm Road, Roseland, New Jersey
07068, beginning at 9:05 a.m., on the above
date, before Amanda Dee Maslynsky-Miller, a
Certified Realtime Reporter.

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GOLKOW LITIGATION SERVICES
16 877.370.3377 ph| 917.591.5672 fax
deps@golkow.com

17

18

19

20

21

22

23

24

1 APPEARANCES:

2

3

ROBBINS GELLER RUDMAN & DOWD LLP

BY: AELISH MARIE BAIG, ESQUIRE

4

BY: MATTHEW S. MELAMED, ESQUIRE

Post Montgomery Center

5

One Montgomery Street

Suite 1800

6

San Francisco, California 94104

(415) 288-4545

7

aelishb@rgrdlaw.com

Mmelamed@rgrdlaw.com

8

Representing the Plaintiffs

9

10

KIRKLAND & ELLIS LLP

11

BY: MARTIN L. ROTH, ESQUIRE

BY: ZACHARY A. CUIILLO, ESQUIRE

12

300 North LaSalle

Chicago, Illinois 60654

13

(312) 862-2000

martin.roth@kirkland.com

14

Zac.ciullo@kirkland.com

Representing Allergan Finance, LLC

15

16

17

JONES DAY

BY: BRANDY HUTTON RANJAN, ESQUIRE

18

325 John H. McConnell Boulevard

Suite 600

19

Columbus, Ohio 43215

(614) 469-3939

20

branjana@jonesday.com

Representing Walmart, Inc.

21

22

23

24

1 APPEARANCES: (Continued)

2

3 WILLIAMS & CONNOLLY LLP
4 BY: ANDREW C. MCBRIDE, ESQUIRE
5 725 Twelfth Street NW
6 Washington, D.C. 20005
7 (202) 434-5000
8 amcbride@wc.com
9 Representing Cardinal Health

7

8 ALLEGAERT BERGER & VOGEL
9 BY: LAUREN J. PINCUS, ESQUIRE
10 111 Broadway
11 20th Floor
12 New York, New York 10006
13 (212) 616-7057
14 lpincus@abv.com
15 Representing Rochester Drug Cooperative

12

13 VIA TELECONFERENCE:

14

15 REED SMITH LLP
16 BY: ANNE E. ROLLINS, ESQUIRE
17 Three Logan Square, 1717 Arch Street
18 Suite 3100
19 Philadelphia, Pennsylvania 19103
20 (215) 851-8100
21 arollins@reedsmith.com
22 Representing AmerisourceBergen

19

20 MARCUS & SHAPIRA LLP
21 BY: ZACHARY FENSTEMAKER, ESQUIRE
22 One Oxford Centre
23 35th Floor
24 Pittsburgh, Pennsylvania 15219
(412) 338-3345
Fenstemaker@marcus-shapira.com
Representing HBC Service Company

24

1 APPEARANCES: (Continued)

2

3 SIMMONS HANLY CONROY LLC
4 BY: JAYNE CONROY, ESQUIRE
112 Madison Avenue
7th Floor
5 New York, New York 10016
(212) 784-6400
6 JConroy@simmonsfirm.com
Representing Plaintiffs

7

8

9 JACKSON KELLY PLLC
BY: DOUGLAS J. CROUSE, ESQUIRE
10 500 Lee Street East
Suite 1600
11 Charleston, West Virginia 25301
(304) 340-1347
12 dcrouse@jacksonkelly.com
Representing Miami-Luken

13

14

15

ARNOLD & PORTER KAYE SCHOLER LLP
16 BY: JOANNA PERSIO, ESQUIRE
601 Massachusetts Ave, NW
17 Washington, D.C. 20001
(202) 942-5000
18 joanna.persio@arnoldporter.com
Representing Endo Pharmaceuticals

19

20

21

22

23

24

1 APPEARANCES: (Continued)

2

3 MORGAN, LEWIS & BOCKIUS LLP

BY: TINOS DIAMANTATOS, ESQUIRE

4 77 West Wacker Drive

Chicago, Illinois 60601

5 (312) 324-1000

tinios.diamantatos@morganlewis.com

6 Representing Teva Pharmaceuticals, Inc.,

Cephalon, Inc., Watson Laboratories,

7 Actavis LLC, and Actavis Pharma, Inc.

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11 ALSO PRESENT:

David Lane, Videographer

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Testimony of: JENNIFER ALTIER

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(It is hereby stipulated and

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agreed by and among counsel that

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sealing, filing and certification

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are waived; and that all

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objections, except as to the form

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of the question, will be reserved

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until the time of trial.)

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- - -

10

VIDEO TECHNICIAN: We are

11

now on the record. My name is

12

Henry Marte, I'm a videographer

13

with Golkow Litigation Services.

14

Today's date is August 2nd, 2018,

15

and the time is 9:05 a.m.

16

This videotape deposition is

17

being held in Roseland, New Jersey

18

in the matter of National

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Prescription Opiate Litigation.

20

The deponent today is Jennifer

21

Altier.

22

Counsel will be noted on the

23

stenographic record. The court

24

reporter is Amanda Miller and will

1 now administer the oath to the
2 witness.

3 - - -

4 JENNIFER ALTIER, after
5 having been duly sworn, was
6 examined and testified as follows:

7 - - -

8 EXAMINATION

9 - - -

10 BY MS. BAIG:

11 Q. Good morning, Ms. Altier.

12 A. Good morning.

13 Q. Am I pronouncing your name
14 correctly?

15 A. Altier.

16 Q. Altier.

17 We met briefly off the
18 record, but I'm Aelish Baig. I'll be
19 taking your deposition today.

20 Can you please state your
21 full name and address for the record?

22 A. Yes. Jennifer Altier. 29
23 Barnsdale Road in Madison, New Jersey.

24 Q. And you are represented here

1 today by whom?

2 A. My colleagues here.

3 Q. Okay. And have you ever had
4 your deposition taken before?

5 A. I have not.

6 Q. Are you familiar with the
7 deposition protocol?

8 A. Yes.

9 Q. So you understand that I'll
10 be asking you questions, you'll do your
11 best to answer the questions; it's
12 important that we not speak over each
13 other so that we can have a clear record
14 taken down?

15 A. Yes.

16 Q. What did you do to prepare
17 for today's deposition?

18 A. I met with my attorneys.

19 Q. Okay. For approximately how
20 long?

21 A. The better part of
22 yesterday.

23 Q. Did you have any prior
24 meetings?

1 A. No.

2 Q. Any prior calls about the
3 deposition?

4 A. I'm sorry, we met once prior
5 to that, briefly.

6 Q. Okay. Did you search for
7 any documents in preparation for today's
8 deposition?

9 A. I did not.

10 Q. Were you -- you saw the
11 deposition notice; is that right?

12 A. The subpoena? Yes.

13 Q. Do you recall that the
14 deposition notice requested that you
15 produce documents?

16 A. Yes.

17 Q. Okay. And --

18 A. I had none to produce.

19 Q. You had none, okay.

20 Are you familiar with the
21 complaints in this action?

22 A. Generally.

23 Q. Okay. And what's your
24 understanding of what this case is about?

1 A. An investigation into
2 pharmaceutical activities promoting
3 opioids.

4 Q. Could you walk us through
5 your education at the undergrad level or
6 higher?

7 A. Sure. I went to college at
8 Miami University in Ohio. I earned a
9 degree in political science and mass
10 communications. And then I went to
11 Columbia University Business School where
12 I earned my MBA.

13 Q. And can you briefly walk us
14 through your work history after you
15 received your MBA?

16 A. Sure. After I received my
17 MBA, I believe I was -- started at
18 Pharmacia, then went to Roche, then to
19 Actavis, then to Perrigo. And I'm now
20 with Amneal. All in marketing-related
21 roles.

22 Q. And did you have any
23 pharmaceutical experience before you
24 received your MBA?

1 A. I worked for a
2 pharmaceutical advertising agency for
3 eight years.

4 Q. What company was that?

5 A. It's CommonHealth.
6 CommonHealth.

7 Q. And did you have any prior
8 work experience before CommonHealth?

9 A. That was my first job.

10 Q. What year did you get -- did
11 you receive your MBA?

12 A. 2004.

13 Q. And so you worked at
14 CommonHealth advertising for what years?

15 A. 1992 to 2000. Then I went
16 to a company called R-centric, 2000 to
17 2001. Then I went to Pharmacia, 2001 to
18 2003, I think. Then Roche, 2003 to --
19 2004 to 2006 as a full-time employee, and
20 I consulted for Roche, 2006 to 2010.
21 Then in 2010, I went to Actavis until
22 about 2013, '14. And then I left and
23 went to Perrigo. And then left Perrigo
24 at the end of last year and started with

1 Impax as a consultant, February of this
2 year. And then just started last Monday
3 as an employee -- after the Impax/Amneal
4 merger, I'm now with Amneal.

5 Q. What was your highest
6 position at CommonHealth advertising?

7 A. The vice president account
8 group supervisor.

9 Q. And were you working, in
10 that capacity, with any opioid drugs?

11 A. No.

12 Q. And what was your highest
13 position at Pharmacia?

14 A. Let me think back. Was I
15 working -- at some point at the agency, I
16 believe I worked on Fioricet with
17 codeine, which may fall into that
18 category.

19 Q. Do you know whether that was
20 a Schedule II or Schedule III drug?

21 A. I don't recall. Just trying
22 to be -- full disclosure. That was a
23 long time ago.

24 Q. I appreciate it.

1 A. True opioid marketing was
2 fairly limited until my time at Actavis.

3 Q. So at Pharmacia, you did not
4 work with any opioid drugs?

5 A. No.

6 Q. And what was your highest
7 position at Pharmacia?

8 A. Director of medical
9 association channels.

10 Q. And what other positions did
11 you hold at Pharmacia?

12 A. That was it.

13 Q. And what were your
14 responsibilities in that position?

15 A. I worked a project where we
16 worked with medical associations on an
17 e-business venture.

18 Q. Medical associations such
19 as?

20 A. The California Academy of
21 Family Physicians, The American
22 Osteopathic Association.

23 Q. Any others that you recall?

24 A. There were about 12 or 14.

1 Basically, primary-care type
2 organizations. There was Geriatrics
3 Society.

4 Q. Can you list the ones that
5 you recall?

6 A. The Illinois Academy of
7 Family Physicians, The American
8 Gastroenterology Society. Those were the
9 leading ones.

10 Q. And what was the nature of
11 your work with those associations at
12 Pharmacia?

13 A. Sure. We offered a portal
14 where they could come on and get
15 educational information about areas that
16 Pharmacia had. So, you know, generally
17 around the Cox-2s and Celebrex.

18 Q. So you would provide the
19 associations with education about the
20 drugs that you were working with at
21 Pharmacia; is that right?

22 MR. ROTH: Object to the
23 form.

24 THE WITNESS: If memory

1 serves me right, it was more of
2 a -- it was either education about
3 the drugs or just the disease
4 state.

5 BY MS. BAIG:

6 Q. And what were the drugs that
7 you were working on at Pharmacia?

8 A. I was in the e-business
9 group, primarily supporting the Cox-2s;
10 so Celebrex and Bextra.

11 Q. No opioids, correct?

12 A. Correct.

13 Q. And your next job was at
14 Roche?

15 A. Correct.

16 Q. And what was -- what were
17 your positions at Roche?

18 A. I was the director of
19 medical education.

20 Q. Was that your only position
21 there?

22 A. It was, as a full-time
23 employee.

24 Q. You worked there as a

1 part-time employee as well?

2 A. In 2006, I left and came
3 back as a consultant.

4 Q. Well, what were the nature
5 of your responsibilities as director of
6 medical education at Roche?

7 A. Sure. I created the medical
8 education department there.

9 Q. And what exactly did that
10 involve?

11 A. That involved the hiring of
12 four managers, I believe it was, medical
13 education managers; two medical education
14 coordinators who were responsible for
15 supporting medical education activities
16 on behalf of the company.

17 Q. And can you describe what
18 you mean by "medical education
19 activities"?

20 A. Continuing medical
21 education. So CME grants that were
22 awarded to academic institutions to put
23 on educational programs.

24 Q. And in that capacity, did

1 you also work with certain medical
2 associations like you did at Pharmacia?

3 A. Personally, none that I
4 recall.

5 Q. And what about your team;
6 did your team work with medical
7 associations?

8 A. Perhaps they may have given
9 grants out, but I don't recall. A lot of
10 my time there was building the
11 department. And when it actually
12 launched, for personal reasons, my
13 daughter was born, so I left the company.

14 Q. At Roche you didn't work on
15 any opioid drugs; is that right?

16 A. That's right.

17 Q. What drugs did you work on
18 there?

19 A. Primarily, I remember Boniva
20 for osteoporosis.

21 Q. Can you walk us through
22 generally what the medical education
23 department did with respect to CME grants
24 at Roche?

1 MR. ROTH: Object to the
2 form. Lacks foundation. Calls
3 for speculation.

4 THE WITNESS: Can you
5 rephrase the question? What
6 exactly?

7 BY MS. BAIG:

8 Q. Sure. You testified that
9 you created a medical education
10 department and that one of the
11 responsibilities of that department was
12 to implement or design or give out CME
13 grants; is that right?

14 A. Uh-huh.

15 Q. Can you walk us through
16 generally what you mean by that?

17 MR. ROTH: Same objections.

18 THE WITNESS: Grants would
19 be submitted to the company and
20 they would go through an
21 evaluation process for funding.

22 BY MS. BAIG:

23 Q. And these would be grants
24 for what exactly? For studies of certain

1 drugs or --

2 A. Educational programs.

3 Q. Okay. What types of
4 educational programs?

5 A. Any continuing medical
6 education program.

7 Q. And how did you -- were you
8 the person that was in charge of
9 selecting which ones to fund and which
10 ones not to fund?

11 A. As I said, at this time -- I
12 left the company, by the time the
13 department was up and running. So, no, I
14 was not.

15 Q. Your next position after
16 Roche was at Actavis; is that right?

17 A. That's right.

18 Q. And you were there from 2010
19 to 2014.

20 And what drugs were you
21 working with while you were at Actavis?

22 MR. ROTH: Object to the
23 form.

24 THE WITNESS: Sure. What

1 drugs was I --

2 BY MS. BAIG:

3 Q. Involved with.

4 A. Involved with as a marketing
5 director?

6 Q. Yes.

7 A. I started working on Kadian.

8 And we had a drug in development called

9 MoxDuo, which was never approved.

10 Following the Watson merger,

11 I stayed with Actavis and worked on kind

12 of a whole host of products.

13 Q. What additional products did
14 you work on after the Watson merger?

15 A. I worked on Androderm. The
16 OC business. Those are the two that jump
17 out.

18 Q. What's the OC business?

19 A. Oral contraceptive.

20 - - -

21 (Whereupon, a discussion off
22 the record occurred.)

23 - - -

24 BY MS. BAIG:

1 Q. And what were your positions
2 at Actavis?

3 A. I was marketing director, as
4 a consultant.

5 Q. So you were a consultant
6 while you were marketing director?

7 A. Right. I was not a
8 full-time employee.

9 Q. Okay. And was that your
10 position for all four years at Actavis?

11 A. Correct.

12 Q. And did you work on any
13 other drugs besides the ones that you've
14 just mentioned while you were at Actavis?

15 MR. ROTH: Object to the
16 form.

17 THE WITNESS: I'm sure to a
18 certain extent I sat in meetings
19 and advised on other drugs. But
20 those were my primary
21 responsibilities.

22 BY MS. BAIG:

23 Q. Can you describe your
24 responsibilities as marketing director at

1 Actavis?

2 A. Sure. Basically,
3 responsible for creating promotional
4 tactics for the products I supported.

5 Q. And did you lead a team, as
6 marketing director?

7 A. No. We were pretty -- a
8 slim organization. So the majority of
9 the time I was at Actavis, I was the
10 marketing department. At a later date,
11 we were able to hire someone else. So we
12 were a team of two.

13 Q. And as marketing director,
14 did you have occasion to train the sales
15 staff?

16 MR. ROTH: Object to the
17 form.

18 THE WITNESS: Training the
19 sales department was not my
20 responsibility.

21 BY MS. BAIG:

22 Q. Did you have responsibility
23 for designing training materials for the
24 sales staff?

1 A. No. When I started, there
2 was a training module already in place
3 for them.

4 Q. Did you have input into that
5 training module?

6 A. I started a year after the
7 sales force. So, no, it was already in
8 place.

9 Q. And what sales force are you
10 referring to?

11 A. The Kadian sales force.

12 Q. And how large was the Kadian
13 sales force?

14 A. I believe when I started, it
15 had 18 reps. And it expanded, I don't
16 know the number offhand, but I'd say,
17 perhaps, 48 at its highest. A very small
18 organization.

19 Q. When you say "very small
20 organization," you mean the Actavis --
21 which organization are you referring to?

22 A. I guess as a sales
23 organization, it wasn't one of these, you
24 know, big companies where you see

1 hundreds and hundreds and hundreds of
2 reps.

3 Q. Which organization are you
4 referring to, Actavis or Actavis
5 Elizabeth or which --

6 A. Oh, I guess --

7 MR. ROTH: Objection to
8 form. And asked and answered.

9 You can clarify, if you
10 understand it.

11 THE WITNESS: When I started
12 at Actavis, it was Actavis,
13 pre-Watson. So the original
14 Actavis.

15 BY MS. BAIG:

16 Q. Was that the same as Actavis
17 Elizabeth?

18 A. From a legal entity
19 standpoint, I don't know. But I believe
20 so.

21 Q. What did you all refer to it
22 as when you worked there?

23 A. Actavis.

24 Q. And who did you report to

1 while you were at Actavis?

2 A. Nathalie Leitch.

3 Q. And do you know who Nathalie
4 Leitch reported to?

5 A. Terry Fullem.

6 Q. What was Nathalie Leitch's
7 position?

8 A. I don't recall her title.

9 Q. And how about Terry Fullem?

10 A. Again, I don't recall his
11 exact title.

12 Q. Do you recall what
13 department Nathalie Leitch was in?

14 A. I know she had some
15 responsibility for generic products as
16 well. Kadian was our only branded
17 product at Actavis.

18 Q. Was Nathalie Leitch in a
19 marketing department?

20 MR. ROTH: Object to the
21 form.

22 THE WITNESS: No. No, she
23 was not.

24 BY MS. BAIG:

1 Q. What type of department was
2 she in?

3 A. I'm not an expert to talk
4 about what her functions were as a
5 generic.

6 When I came in, she was
7 responsible for Kadian. But then I came
8 in to assist.

9 Q. So when you came in to
10 assist, you were reporting to her and she
11 was responsible for both Kadian and for
12 generic products; is that right?

13 MR. ROTH: Object to form.
14 Lacks foundation. Calls for
15 speculation. Mischaracterizes her
16 testimony.

17 THE WITNESS: Yeah, I
18 don't -- I don't feel comfortable
19 talking about what Nathalie's
20 responsibilities were, outside of
21 what I dealt with her on.

22 BY MS. BAIG:

23 Q. Did you work with her on a
24 daily basis?

1 A. No.

2 Q. You reported to her, though?

3 A. Right.

4 Q. So how often did you work
5 with her?

6 A. I guess it depended on how
7 much we had going on.

8 Q. Did you work with her on a
9 weekly basis?

10 A. Yes.

11 Q. Were you in meetings with
12 her regularly?

13 A. Yes.

14 Q. Do you have a general idea
15 of what she was working on?

16 MR. ROTH: Object to form.

17 THE WITNESS: I wouldn't
18 want to mischaracterize.

19 BY MS. BAIG:

20 Q. When she worked with you,
21 what was she working on?

22 A. Oh. Fine. Well, we worked
23 on the marketing of Kadian.

24 Q. And did you also work on the

1 marketing of generics?

2 A. I did not. Other than when
3 Kadian went generic. And I may have
4 advised on some other generic.

5 But my responsibilities and
6 my expertise is in branded marketing. I
7 don't have any expertise in generic
8 marketing.

9 Q. But you may have advised, I
10 think you said, on certain generic
11 issues?

12 MR. ROTH: Object to the
13 form. Mischaracterizes testimony.

14 THE WITNESS: No, if I said
15 that, that's not what I meant.

16 I may have been in meetings
17 for generic products, but that was
18 not my area of expertise.

19 BY MS. BAIG:

20 Q. Were you in meetings for
21 generic opioids?

22 MR. ROTH: Same objection.

23 THE WITNESS: Perhaps.

24 BY MS. BAIG:

1 Q. You don't recall any?

2 A. Not off the top of my head,
3 no.

4 Q. Do you recall being in
5 meetings or having discussions about
6 oxymorphone?

7 A. I recall that for a short
8 period of time our sales force may have
9 helped promote the availability of that.

10 Q. The Kadian sales force
11 helped promote the availability of
12 oxymorphone?

13 A. I believe so.

14 Q. Do you remember being
15 involved with any other generic opioids?

16 A. Just generic Kadian.

17 Q. So your understanding is
18 that Nathalie Leitch reported to Terry
19 Fullem?

20 A. Correct.

21 Q. And Terry Fullem worked in
22 what department?

23 A. Sort of headed up commercial
24 operations, if I'm not mistaken.

1 Q. Commercial operations for
2 Actavis?

3 A. Yes, that was the company.
4 But, again, I don't want to say don't
5 quote me on his title, but I don't recall
6 what his title is.

7 Q. And Terry Fullem reported to
8 who?

9 A. I believe he reported to
10 Doug Boothe.

11 Q. And Doug Boothe, do you know
12 what his position was?

13 A. I believe he was CEO.

14 Q. And he was the CEO of what
15 company?

16 A. Actavis.

17 Q. And who did he report to?

18 A. I don't know, whoever the
19 chairman of the board was, I guess.

20 Q. Did you ever work on a drug
21 called Norco?

22 A. No, not that I recall.

23 Q. Do you know who did work on
24 the drug called Norco?

1 A. I don't recall ever hearing
2 about Norco.

3 Q. Do you understand that you
4 were selected as a custodian for whom
5 documents were produced in this
6 litigation?

7 MR. ROTH: Object to the
8 form. Lacks foundation.

9 THE WITNESS: You'll have to
10 explain what that means.

11 BY MS. BAIG:

12 Q. Do you understand that your
13 files, some of your work files, have been
14 produced as part of this litigation?

15 A. I do.

16 Q. And did anybody -- did you
17 have any input as to what types of files
18 that you would have had at Actavis that
19 would be relevant to this action?

20 A. I don't understand the
21 question. Did I have any input?

22 Q. In terms of which of your
23 files would be produced in this action.

24 A. All of my files, to my

1 understanding, were produced.

2 Q. Did you see the documents
3 that were produced in this action from
4 your files?

5 MR. ROTH: Every document in
6 her files? I don't understand the
7 question.

8 MS. BAIG: That were
9 produced in this action, yes.

10 MR. ROTH: Did we show her
11 her entire file we produced?

12 MS. BAIG: I'm asking her if
13 she saw the entire file that was
14 produced, yes.

15 MR. ROTH: Lacks foundation.
16 Calls for speculation.

17 THE WITNESS: I don't know
18 if I've seen the entire file.

19 MS. BAIG: Do you know if
20 she's seen the entire file of
21 documents produced?

22 MR. ROTH: I don't. I'm
23 sure during her work she did. We
24 produced thousands of documents.

1 I don't think she's seen thousands
2 of documents.

3 THE WITNESS: Not recently.

4 MR. ROTH: And thousands is
5 probably an understatement,
6 frankly.

7 BY MS. BAIG:

8 Q. Did you ever use personal
9 computers or devices for work purposes?

10 A. I don't recall.

11 Q. Do you know if there were
12 any personal computers or other devices
13 searched for purposes of turning over
14 responsive documents?

15 A. My home computer?

16 Q. Yes.

17 A. I wouldn't own that anymore,
18 the one I used back then.

19 Q. What year, to your
20 recollection, was the Watson merger?

21 A. 2012, I believe.

22 Q. And did that impact your
23 position or reporting structure at all?

24 A. Yes.

1 Q. How so?

2 A. I was the only member of the
3 original team, I believe, who stayed --
4 or at least my core team, who stayed with
5 the company after the Watson merger.

6 Q. So prior to the Watson
7 merger, who was on your core team?

8 A. So I reported to Nathalie,
9 reported to Terry. We had the sales
10 force. And then toward the end of my
11 tenure there, there was a woman named
12 Lisa Miller who was on the marketing
13 team.

14 Q. So the sales force was on
15 your core team.

16 Is that the sales force of
17 18 people that you mentioned earlier?

18 MR. ROTH: Object to the
19 form.

20 BY MS. BAIG:

21 Q. About 18 people that you
22 mentioned earlier?

23 A. Right. I don't remember the
24 number. It was larger by that point.

1 Watson terminated them at the end of
2 2012.

3 Q. Did the sales force report
4 to you?

5 A. No.

6 Q. Who did they report to?

7 A. They were a contract sales
8 force that reported up through inVentiv.

9 Q. And who at inVentiv oversaw
10 that sales force?

11 A. I don't know. I just know
12 the people I worked with.

13 Q. Who did you work with at
14 inVentiv?

15 A. The primary contacts, the
16 heads of sales were Mike Shepherd, Mark
17 Killion, and then later on Chris Hepp and
18 Patrick Lanahan.

19 Q. And what was inVentiv?

20 A. A contract sales force
21 organization.

22 Q. So was your entire sales
23 force, were they all inVentiv employees?

24 A. Yes.

1 Q. And that team was
2 responsible for marketing Kadian as well
3 as generic opioids?

4 MR. ROTH: Object to the
5 form. Lacks foundation.
6 Mischaracterizes the record.

7 MS. BAIG: It's a question.
8 No speaking objections, counsel.

9 MR. ROTH: It's not a
10 speaking objection.

11 MS. BAIG: It's in the
12 deposition protocol.

13 MR. ROTH: It's the basis
14 for my objection.

15 BY MS. BAIG:

16 Q. Did the sales team that we.
17 We're -- that we been
18 talking about, the inVentiv sales team,
19 were they responsible for marketing
20 Kadian and generic opioids?

21 MR. ROTH: Object to the
22 form.

23 THE WITNESS: They were
24 responsible for promoting. I was

1 responsible for marketing, they
2 were responsible for promoting
3 Kadian almost exclusively; except
4 when Kadian went generic, they
5 were responsible for the promotion
6 of Kadian generic, and as I
7 mentioned, for a short time
8 period, the generic oxymorphone.

9 BY MS. BAIG:

10 Q. And that team, I believe you
11 said, grew from 18 to about what, do you
12 know?

13 A. I mentioned I don't remember
14 the ceiling number.

15 Q. Do you know if it doubled in
16 size or tripled in size, or if it just
17 grew slightly from 18?

18 A. My best guess, recollection,
19 is about 48.

20 Q. 48?

21 A. Uh-huh.

22 Q. And what time frame was it
23 about 48 employees?

24 A. That, I don't recall.

1 Q. Some time in the 2010 to
2 2014 time frame?

3 A. Oh, no. They were
4 terminated by 2012. So some time between
5 2010 and 2012.

6 Q. And what happened with the
7 marketing of Kadian in 2012 when the
8 sales force was terminated?

9 A. Right. Watson debated what
10 to do with it for a while. But,
11 basically, no longer promoted it, the
12 promotion wound down.

13 Q. And how about, what happened
14 with marketing of the generic as of 2012,
15 when that sales force was terminated?

16 A. Well, they weren't marketing
17 the generic, so there was no marketing,
18 as far as I'm aware.

19 Q. Well, the promotion of the
20 generics?

21 A. That's what I mean. I don't
22 know. There was no more sales force.

23 Q. Were there any mergers --
24 were there any other mergers, other than

1 the Watson merger, that you recall during
2 your tenure?

3 A. Yes.

4 Q. What other mergers?

5 A. They went through a merger
6 with Warner Chilcott, Forest, and I left
7 after that.

8 Q. When you say "they" went
9 through a merger with Warner Chilcott,
10 who are you referring to?

11 A. Actavis.

12 Q. So Actavis merged with
13 Warner Chilcott in what year, do you
14 recall?

15 A. I don't recall the year. It
16 was after the Watson merger.

17 Q. And subsequently went
18 through a merger with Forest Labs?

19 A. (Witness nods.)

20 Q. And how did the Warner
21 Chilcott merger impact your position or
22 responsibilities, if at all?

23 A. It didn't.

24 Q. And how did the Forest Labs

1 merger impact your position or
2 responsibilities, if at all?

3 A. It was about that time I was
4 leaving, so --

5 Q. Did you have any work
6 involvement with Fentanyl products, any
7 Fentanyl product?

8 A. Not that I recall.

9 Q. Are you aware that there was
10 a Fentanyl product that was offered by
11 Actavis?

12 A. What was its name?

13 Q. I don't know. I'm asking
14 you.

15 A. Then I guess not.

16 Q. Are you aware of a Fentanyl
17 patch that was offered by Actavis?

18 A. No. I believe I heard about
19 it, in terms of Alpharma, but not
20 Actavis.

21 Q. What did you hear about the
22 Fentanyl patch in terms of Alpharma?

23 A. That they had it.

24 Q. And Actavis -- what's your

1 understanding of the relationship between
2 Actavis and Alpharma? Is it that Actavis
3 purchased Alpharma in about 2008?

4 MR. ROTH: Objection to
5 form. Lacks foundation. Calls
6 for speculation.

7 THE WITNESS: That was
8 before the time I started. I
9 don't know the history.

10 BY MS. BAIG:

11 Q. So you have no understanding
12 of the relationship between Alpharma and
13 Actavis at all?

14 A. Only that there was one. I
15 don't know if it was a merger, an
16 acquisition.

17 Q. And is it your understanding
18 that the Fentanyl product was an Alpharma
19 product?

20 MR. ROTH: Object to the
21 form. Lacks foundation. Calls
22 for speculation.

23 THE WITNESS: I really don't
24 have much information about that

1 patch.

2 BY MS. BAIG:

3 Q. About that -- what patch?

4 A. Did you call it a patch?

5 Q. Fentanyl patch.

6 A. Okay, yes.

7 Q. Did you work both on the
8 generic oxymorphone and the oxymorphone
9 HCL extended-release tablets?

10 MR. ROTH: Object to the
11 form. Mischaracterizes her
12 testimony.

13 MS. BAIG: It doesn't
14 mischaracterize any testimony.
15 It's just a question.

16 BY MS. BAIG:

17 Q. Did you work on both of
18 those?

19 MR. ROTH: There's an
20 assumption in there.

21 MS. BAIG: There's no
22 assumption.

23 BY MS. BAIG:

24 Q. Did you work on oxymorphone

1 HCL extended-release tablets at all while
2 you were at Actavis?

3 A. To the best of my
4 recollection, I didn't work on either of
5 those products. We may have had our
6 sales force assist in the promotion.

7 And, to be honest, I
8 couldn't tell you the difference between
9 those two products you just mentioned and
10 which one we were promoting. It was for
11 a very short period of time.

12 Q. What do you mean by "short
13 period of time"?

14 A. I don't recall the period of
15 time, but our primary responsibility was
16 Kadian.

17 Q. I understand that your
18 primary responsibility was Kadian.

19 But your sales force also
20 promoted generic oxymorphone; is that
21 right?

22 MR. ROTH: Object to the
23 form.

24 THE WITNESS: Yeah, and I

1 want to make sure I'm
2 characterizing this correctly.

3 They promoted the
4 availability, I believe, of -- I
5 believe it was two strengths,
6 because the branded supplier had
7 either a recall or a supply issue
8 or something.

9 So the extent of our
10 promotion was that it was still
11 available, the physicians were
12 prescribing that strength, the
13 patients would still be able to
14 get it at the pharmacy.

15 So to the extent that that
16 was the promotion, it was more
17 around the availability.

18 BY MS. BAIG:

19 Q. And did the sales force also
20 promote the availability of oxymorphone
21 hydrochloride extended-release tablets?

22 A. I would have to look back at
23 the promotional materials to determine
24 which product it was.

1 Q. Okay. We'll get there.

2 A. I see.

3 Q. In your capacity as medical
4 director at Actavis --

5 A. I was marketing director.

6 Q. Sorry.

7 -- marketing director at
8 Actavis, did you work with a medical
9 education department at Actavis?

10 A. No.

11 Q. Are you aware of a medical
12 education department at Actavis?

13 A. No.

14 Q. Is it your understanding
15 that Actavis had no medical education
16 department?

17 A. That's correct. We didn't
18 do any medical education activities.
19 Kadian was at the very end of its
20 lifecycle, it was about to go off patent.
21 This was not a large marketing or
22 educational initiative. You know, we
23 were maintaining a sales force to
24 maintain the share that we had.

1 Q. What was Kadian's lifecycle
2 that you just referred to?

3 A. We were at the end of it, we
4 were about to go off patent.

5 Q. What was the lifecycle,
6 though? What were the years --

7 A. I don't understand your
8 question.

9 Q. -- of the lifecycle?

10 A. I don't recall when it was
11 launched. I just know the patent, I
12 believe, expired shortly around the time
13 I joined in 2010. And then the generic
14 was introduced some time between 2010 and
15 2012.

16 Q. All right. So you're not
17 aware of any medical education program at
18 Actavis, is that right, during your
19 tenure?

20 MR. ROTH: Object to the
21 form.

22 THE WITNESS: That's
23 correct.

24 BY MS. BAIG:

1 Q. Are you aware of a medical
2 education program at Allergan?

3 MR. ROTH: Object to the
4 form. Lacks foundation. Vague.

5 THE WITNESS: I didn't work
6 for Allergan.

7 BY MS. BAIG:

8 Q. Are you aware of a medical
9 education department at Allergan during
10 your tenure at Actavis?

11 MR. ROTH: Same objections.

12 THE WITNESS: You're asking
13 about two different companies. I
14 was at Actavis, I was never at
15 Allergan. So I have no awareness
16 of anything at Allergan.

17 BY MS. BAIG:

18 Q. So as marketing director at
19 Actavis, is it your testimony that you
20 never worked with any Allergan employees?

21 MR. ROTH: Objection. Asked
22 and answered. Lacks foundation.

23 MS. BAIG: It wasn't asked
24 and answered.

1 MR. ROTH: Calls for
2 speculation.

3 MS. BAIG: This is a whole
4 new question.

5 THE WITNESS: That is my
6 understanding, yes.

7 BY MS. BAIG:

8 Q. Do you have any
9 understanding of the relationship between
10 Allergan and Actavis or what that
11 relationship was during your tenure?

12 A. I don't believe the Allergan
13 merger happened until after I left.

14 And, again, I was never
15 really with the company. I was a
16 consultant. But the last merger I can
17 recall it going through while I was
18 consulting there was Forest.

19 Q. Do you know what PR firms
20 Actavis worked with?

21 A. I don't recall.

22 Q. You don't recall any of
23 them?

24 A. I don't recall if there were

1 any.

2 Q. Okay. You never worked with
3 any PR firms when you were at Actavis?

4 A. We may have started talking
5 to some, in terms of the MoxDuo launch,
6 but that would be the extent of it.

7 Q. Do you know which firms you
8 talked to in connection with MoxDuo?

9 A. I don't recall.

10 Q. Do you know what department
11 was responsible for drug lobbying at
12 Actavis?

13 A. No, I don't.

14 Q. You never worked with
15 anybody who was part of a drug lobbying
16 division at Actavis while you were there?

17 A. Not that I recall, no.

18 Q. During your tenure at
19 Allergan, were you -- at Actavis, were
20 you ever aware of a reluctance by
21 prescribers to prescribe opioid pain
22 medications?

23 MR. ROTH: Object to the
24 form.

1 THE WITNESS: I'm not sure I
2 understand the question.

3 BY MS. BAIG:

4 Q. When you worked at Actavis,
5 were you aware that there was a
6 reluctance by some prescribers to
7 prescribe opioids?

8 MR. ROTH: Same objection.

9 THE WITNESS: Yeah, I'm not
10 sure how I would even answer that.

11 I think generally each
12 healthcare professional needs to
13 make their own decision about what
14 they feel is the proper treatment
15 path for their patient.

16 BY MS. BAIG:

17 Q. So as the marketing director
18 at Actavis for an opioid, you never had
19 discussions with anyone on your team
20 about a general reluctance by prescribers
21 in terms of prescribing opioids?

22 MR. ROTH: Object to the
23 form.

24 THE WITNESS: Yeah, I can't

1 say that I never had a
2 conversation about that, no.

3 BY MS. BAIG:

4 Q. But you don't recall it
5 being an issue, ever?

6 MR. ROTH: Same objection.

7 THE WITNESS: I mean,
8 looking back, you know, it's hard
9 to remember exactly what was
10 discussed years ago. I'm not
11 saying it didn't happen, I don't
12 recall.

13 BY MS. BAIG:

14 Q. Do you remember being aware
15 that there were prescribers who had
16 certain concerns or fears about the
17 addictive or abusive properties of
18 certain opioids?

19 MR. ROTH: Object to the
20 form.

21 THE WITNESS: I don't
22 remember having that discussion
23 with any physician in particular.
24 But I'm sure --

1 BY MS. BAIG:

2 Q. Well, that wasn't my
3 question.

4 A. Okay.

5 Q. My question is, were you
6 aware that that was an issue for
7 prescribers, generally?

8 MR. ROTH: Object to the
9 form. Let her finish, because she
10 was going to answer your question,
11 I think.

12 But go on.

13 THE WITNESS: I was going to
14 answer the question.

15 I believe your question is,
16 was I aware that there were
17 concerns about prescribing
18 opioids. Is that correct?

19 BY MS. BAIG:

20 Q. Yes.

21 A. Again, as with any drug,
22 there are always concerns with
23 prescribing for any medication. So of
24 course.

1 Q. So you're not aware of any
2 heightened concern for opioids over any
3 other drug?

4 MR. ROTH: Object to the
5 form. Vague.

6 BY MS. BAIG:

7 Q. If you're not, then say
8 you're not.

9 I'm just curious because,
10 you know, it's widely reported that
11 there's an opioid epidemic. So are you
12 aware that there have been concerns about
13 the prescribing of opioids, and were you
14 aware of that at the time that you worked
15 at Actavis?

16 MR. ROTH: Object to the
17 form.

18 THE WITNESS: There's all
19 sorts of objections about the
20 question.

21 But it was something,
22 obviously, as a controlled
23 substance, that we took seriously,
24 yes.

1 BY MS. BAIG:

2 Q. Okay. And did you have
3 discussions with any members of your team
4 about how to address the prescribers'
5 fears or concerns about prescribing
6 opioid drugs?

7 MR. ROTH: Object to the
8 form.

9 THE WITNESS: Sure. All of
10 our promotional materials, we were
11 sure to include all of the safety
12 information that goes along with
13 opioids. Obviously, you know,
14 there's a serious need to treat
15 pain, but there's also a serious
16 need to treat it appropriately and
17 safely and within the FDA
18 guidelines.

19 So we made sure that all of
20 our marketing materials were fair
21 balanced so that they could
22 provide that safety message along
23 with the efficacy message.

24 BY MS. BAIG:

1 Q. And did you participate in
2 any medical advisory boards in addressing
3 these types of concerns?

4 A. We did not have advisory
5 boards on that particular -- for Kadian,
6 we didn't have advisory boards. Again,
7 end of product lifecycle, just sort of
8 maintaining.

9 The best of my recollection,
10 we had one advisory board prior to what
11 we anticipated was going to be the launch
12 of MoxDuo. I believe that probably
13 happened in May of 2012, just prior to
14 the complete response letter being
15 received for MoxDuo.

16 Q. And MoxDuo was an opioid
17 drug that Actavis was intending to
18 launch, but it did not receive FDA
19 approval; is that right?

20 MR. ROTH: Object to the
21 form.

22 THE WITNESS: That's right.

23 BY MS. BAIG:

24 Q. And do you recall who was on

1 that medical advisory board?

2 A. The physicians?

3 Q. Yes.

4 A. I don't.

5 Q. Do you recall whether Dr.

6 Perry Fine was on that medical advisory

7 board?

8 A. His name is familiar.

9 Q. Do you recall having -- do
10 you know who Dr. Perry Fine is?

11 A. Like I said, his name is
12 familiar. So I guess I wouldn't be
13 surprised to learn if he was on the
14 advisory board.

15 Q. And do you recall why MoxDuo
16 was not approved by the FDA?

17 A. I don't recall the issues
18 that they had with the product. But I
19 just know it was never brought to market.

20 Q. But you were involved in
21 preparing the launch documents for
22 MoxDuo; is that right?

23 A. Correct.

24 Q. And you don't recall any of

1 the issues that the FDA had with it
2 before declining to approve it?

3 MR. ROTH: Objection. Asked
4 and answered.

5 THE WITNESS: Yeah, I don't
6 recall. I just remember that it
7 was not -- it was not on an
8 approvable track.

9 BY MS. BAIG:

10 Q. Were you involved in any of
11 the FDA discussions or correspondence
12 regarding MoxDuo?

13 A. I was not.

14 Q. Who would have been involved
15 in that?

16 A. I can only speculate.
17 Regulatory.

18 Q. What's the name of the
19 department?

20 A. Regulatory.

21 Q. Okay. And who was in charge
22 of the regulatory department at Actavis
23 when you were there?

24 A. I believe it would have been

1 Terri Nataline.

2 Q. Did Actavis track or measure
3 the impact of its marketing efforts in
4 changing doctors' perceptions and
5 prescribing of their opioid drugs?

6 MR. ROTH: Objection to
7 form.

8 THE WITNESS: I don't
9 believe we did much tracking at
10 all at Kadian. Like I said, we
11 had a very limited budget. And I
12 don't recall measuring any -- any
13 promotion that we did.

14 BY MS. BAIG:

15 Q. Do you know whether Actavis
16 has a department that tracks that sort of
17 information?

18 MR. ROTH: Same objection.

19 THE WITNESS: Not that I
20 recall. Like I said, we were a
21 pretty lean organization. And
22 Kadian was the only branded
23 product. So this was not an
24 organization that was really built

1 around having the same kind of
2 departments you'd have at branded
3 organizations.

4 BY MS. BAIG:

5 Q. So did you have a way of
6 providing your sales team with certain
7 targets, in terms of physicians to
8 contact?

9 A. Yes, they had a target list.

10 Q. And who generated that
11 target list?

12 A. That, I don't recall.

13 Q. Do you know what department
14 generated that target list?

15 A. I would imagine somehow the
16 sales department.

17 Q. And who was in charge of
18 that department when you were there?

19 MR. ROTH: Object to the
20 form.

21 THE WITNESS: Yeah, I don't
22 know who would have -- who would
23 have had access to the target list
24 or who would have had that data.

1 Someone at Actavis.

2 BY MS. BAIG:

3 Q. Someone at Actavis, is that
4 the best that you can --

5 A. That's the best of my
6 recollection. That would make sense to
7 me logically, but I wasn't involved in
8 developing the target list.

9 Like I said, I believe
10 promotions started in 2009 and I didn't
11 start until 2010, so that was already
12 established by the time I came on board.

13 Q. The target list didn't
14 change as time went on?

15 A. If it did, I was not
16 involved in that.

17 Q. So you're not aware of how
18 those target lists are developed at all?

19 A. I'm not aware of how they
20 were developed there.

21 Q. Are you aware of what
22 department develops them?

23 A. Like I said, it wasn't a
24 traditional branded organization. So my

1 assumption is, you know, whoever the team
2 was back in 2009 that worked with the
3 target list developed it.

4 Q. And do you know how they
5 developed it?

6 A. No. Because I was not
7 involved in that process.

8 Q. Okay. So you have no
9 understanding of how they would develop
10 targets of high-prescribing physicians,
11 for example?

12 A. I can speculate, based on,
13 you know, what would make sense. But I
14 wasn't involved.

15 Q. Well, based on your years of
16 experience in this field, what is your
17 understanding of how those target lists
18 are developed generally?

19 A. I was going to say, is that
20 appropriate for me to speculate? I could
21 be wrong, I could be right.

22 Q. Based on your many years of
23 experience in this field, what is your
24 understanding of how those target lists

1 are generally developed?

2 MR. ROTH: Object to the
3 form. Calls for speculation.

4 You can answer if you can.

5 THE WITNESS: Not having
6 any, you know, core knowledge of
7 how the target list was created,
8 my assumption would be it was a
9 product that was inherited from
10 another company, you would look at
11 who was already prescribing the
12 product. And since the strategy
13 was to maintain the share, you
14 would call on those same
15 prescribers.

16 BY MS. BAIG:

17 Q. And you would call on the
18 highest prescribers, right?

19 MR. ROTH: Object to the
20 form. Lacks foundation. Vague.

21 THE WITNESS:
22 Hypothetically, sure.

23 BY MS. BAIG:

24 Q. You don't recall ever being

1 involved or seeing sales rep training
2 manuals telling them to call on
3 highest-prescribing targets?

4 MR. ROTH: Same objection.
5 You're still talking generally?

6 MS. BAIG: No, I'm talking
7 about her recollection.

8 MR. ROTH: Where?

9 MS. BAIG: At Actavis.

10 MR. ROTH: The record is
11 confusing.

12 THE WITNESS: I recall -- I
13 recall nothing about Actavis.

14 But, I mean, you just
15 wouldn't say that. You would say,
16 here is your target list and they
17 would be able to, you know, manage
18 their own business and call on who
19 they thought were the appropriate
20 targets.

21 BY MS. BAIG:

22 Q. Oh. No one would tell the
23 sales reps to call on high-prescribing
24 targets?

1 A. I think that would -- that
2 would be who they were given. So if
3 those were the targets --

4 Q. So the sales reps would be
5 instructed to call on the
6 higher-prescribing targets; is that
7 right?

8 MR. ROTH: Object to the
9 form.

10 THE WITNESS: Like I said,
11 that's not my role in the company
12 to determine.

13 BY MS. BAIG:

14 Q. And you had -- you never had
15 any experience at Actavis that leads you
16 to believe that your sales reps were told
17 to call on the highest-prescribing
18 targets?

19 MR. ROTH: Objection to
20 form.

21 BY MS. BAIG:

22 Q. You never heard about that?

23 A. Not in that -- in that
24 language. You would say, here is your

1 target list. Presumably could you say
2 those were the highest-volume prescribers
3 based on the targets provided?

4 Hypothetically, sure.

5 I guess -- you're asking me
6 to make a fact about something I wasn't
7 involved in, so I'm just hesitant to put
8 a statement on that.

9 Q. You never saw any training
10 manuals or any e-mails or any documents,
11 while you were there, that would have
12 suggested to you that your sales team was
13 instructed to call on the
14 highest-prescribing targets; is that
15 right?

16 MR. ROTH: Objection to
17 form.

18 THE WITNESS: I guess it's
19 just sort of -- it's just not
20 how -- here is your target list;
21 you're not saying, here are the
22 highest-volume prescribers. Maybe
23 it's semantics.

24 BY MS. BAIG:

1 Q. Maybe it is semantics.

2 Are you aware of what data

3 Actavis would have tracked which would

4 have allowed it to know who were the

5 highest-prescribing targets?

6 MR. ROTH: Objection. Lacks

7 foundation. Calls for

8 speculation.

9 MS. BAIG: The question is

10 "are you aware," it can't lack --

11 MR. ROTH: You're asking

12 about a topic --

13 MS. BAIG: -- foundation.

14 MR. ROTH: -- she said she

15 didn't know about.

16 MS. BAIG: I'm going to

17 object to your repeated objections

18 peppering the record and wasting

19 time and coaching the witness.

20 MR. ROTH: They're not

21 coaching, they're the basis for my

22 objection.

23 MS. BAIG: You can object to

24 form.

1 MR. ROTH: That's not what
2 the protocol says.

3 You can answer.

4 MS. BAIG: The protocol says
5 no speaking objections.

6 MR. ROTH: Lacks foundation
7 is not a speaking objection.

8 MS. BAIG: Asking if she's
9 aware cannot lack foundation.

10 MR. ROTH: I also said it
11 calls for speculation. Let's not
12 waste time debating.

13 MS. BAIG: Let's not waste
14 time debating.

15 MR. ROTH: I've made my
16 objection.

17 You can answer.

18 THE WITNESS: I apologize,
19 what was the question?

20 MS. BAIG: Can you go back
21 to the question?

22 THE WITNESS: Am I aware of
23 what data Actavis would have
24 tracked? I don't recall if it was

1 IMS or another company.

2 BY MS. BAIG:

3 Q. What other companies are you
4 aware of, apart from IMS, that tracked
5 the data, that type of data?

6 A. I believe there's one,
7 Symphony; or it used to be called
8 Symphony.

9 Q. And are you aware that
10 Actavis worked with IMS to track
11 high-prescribing target data?

12 A. I don't recall which company
13 was used to track any data.

14 Q. Are you aware that Actavis
15 worked with any company at all to track
16 high-prescribing data?

17 A. I don't recall which
18 company.

19 Q. But are you aware that they
20 worked with a company to do that?

21 MR. ROTH: Object to the
22 form.

23 THE WITNESS: Again, I
24 presume they did, yes.

1 BY MS. BAIG:

2 Q. But you never knew what
3 company it was?

4 A. Not that I recall, no.

5 Q. So Symphony is a company.
6 What is your understanding
7 of what Symphony did?

8 A. I believe they're an IMS
9 competitor. Again, that's not really my
10 area. I just kind of hear about it.

11 Q. And what type of data does
12 IMS track?

13 MR. ROTH: Objection. Lacks
14 foundation. Calls for
15 speculation.

16 THE WITNESS: Yeah, I was
17 going to say, you could probably
18 go to their website to learn more.

19 But IMS, I believe, tracks,
20 depending on what you purchase,
21 prescription-level data.

22 BY MS. BAIG:

23 Q. What do you mean by
24 "prescription-level data"?

1 A. What prescribers are
2 prescribing certain products.

3 Q. Okay. And did you ever see
4 any IMS reports while you were at
5 Actavis?

6 A. I don't recall specifically.
7 I'm sure it's a possibility.

8 Q. So you're not aware, either
9 way, whether Actavis actually purchased
10 data from IMS or not; is that right?

11 A. Right. I don't know if they
12 worked with IMS.

13 Q. Who would be aware of that?

14 A. Perhaps Nathalie.

15 Q. Anyone else that you can
16 think of?

17 A. The sales heads.

18 Q. Who were the sales heads for
19 Kadian?

20 A. The same gentlemen I listed
21 before.

22 Q. I don't recall the sales
23 heads.

24 A. Mike Shepherd, Mark Killion,

1 Patrick Lanahan, Chris Hepp.

2 Q. Okay. Those are the
3 inVentiv employees, okay.

4 Are you aware of any speaker
5 programs that Actavis had with respect to
6 any of its opioid drugs?

7 A. Yeah, again, small company,
8 small budget, no speaker programs.

9 Q. Who at Actavis would have
10 decided where and how to spend the budget
11 for opioid medications, for marketing
12 opioid medications?

13 A. I would submit a marketing
14 proposal, and then Nathalie or Terry
15 would decide what made sense.

16 But, again, I knew that
17 those kind of programs were not really in
18 the realm of financial feasibility, given
19 the lifecycle.

20 Q. So you were responsible for
21 submitting the marketing budget to
22 Nathalie Leitch?

23 A. Uh-huh.

24 Q. And what -- roughly, what

1 was your marketing budget?

2 MR. ROTH: Object to the
3 form.

4 THE WITNESS: I don't recall
5 specifically. But I don't even
6 know that we had a budget. It was
7 sort of more like we needed to do
8 something, so we did it. And we
9 basically did the bare bones of
10 what we needed to do.

11 I believe our promotional
12 materials consisted of a detail
13 aid, another collateral piece and
14 co-pay cards. And that was pretty
15 much the extent of our promotion.

16 BY MS. BAIG:

17 Q. What's a detail aid?

18 A. The brochure that
19 representatives use to educate physicians
20 when they're in their office.

21 Q. And what other collateral
22 piece are you referring to?

23 A. I believe we had a
24 conversion guide and co-pay cards.

1 Q. What's a conversion guide?

2 A. That was an educational
3 piece to instruct physicians if they --
4 if a patient was on a medication and the
5 physician was interested in switching
6 them to Kadian.

7 Q. And do you remember roughly
8 what the dollar amount was for your
9 marketing budget for opioid medications?

10 A. I do not.

11 Q. Do you remember if it was
12 less than \$100 million?

13 A. Yes.

14 Q. So give me your best
15 guesstimate of what the marketing budget
16 was for opioid drugs while you were at
17 Actavis.

18 A. \$200,000. I mean, and that
19 is a pie-in-the-sky guess. But very,
20 very small, relative.

21 Q. \$200,000 per year?

22 A. I mean, yeah. We did not
23 have a lot of money.

24 Q. So does that include what

1 you paid inVentiv to pay the sales force?

2 A. No. That would be a
3 sales -- that's not a marketing. I'm
4 talking just my budget for marketing
5 programs.

6 Q. So your budget for marketing
7 programs doesn't include the sales reps
8 going out to meet with doctors?

9 A. I don't -- the sales force,
10 the sales salaries, did not come out of
11 my budget. I don't know how much that
12 was.

13 Q. So what came out of your
14 budget?

15 A. The promotional materials.

16 Q. And who would have designed
17 the budget for the sales reps and their
18 activities?

19 A. I suppose Nathalie and
20 Terry.

21 Q. And do you know what the
22 rough amount of that budget was?

23 A. I do not.

24 Q. Do you know what

1 geographical area the inVentiv sales reps
2 covered for Kadian and any other opioid
3 drugs?

4 A. The United States. We
5 obviously had white space areas, but --

6 Q. What do you mean by "white
7 space areas"?

8 A. Spaces where we didn't have
9 reps due to, you know, population just
10 not justifying it. Like Montana. I
11 don't know, can't say that there was a
12 rep there.

13 Q. So there was no rep in
14 Montana?

15 A. I can't say yes or no. That
16 was a hypothetical example.

17 Q. Do you remember any of the
18 white space areas?

19 A. No.

20 Q. Is it your understanding
21 that Kadian was promoted as an
22 extended-release drug?

23 A. Yes.

24 Q. And did Actavis

1 independently study the length of time
2 that a single dose of its
3 extended-release opioid, such as Kadian,
4 lasted?

5 MR. ROTH: Object to the
6 form. Lacks foundation. Calls
7 for speculation.

8 THE WITNESS: I'm not aware
9 of any clinical studies that
10 Actavis was doing. I don't
11 believe there were any done during
12 my tenure.

13 BY MS. BAIG:

14 Q. So in designing the
15 marketing materials, how did you get the
16 information about the drug that you would
17 use to include in your marketing
18 materials?

19 A. From our prescribing
20 information.

21 Q. What do you mean by "from
22 your prescribing information"?

23 A. The label of the product.

24 Q. Just the label? You didn't

1 get any information, separate and apart
2 from what's on the label, to use in your
3 marketing materials?

4 A. Yeah, I mean, I joined
5 Actavis in 2010. So we had just received
6 a warning letter. So our detail aids
7 were -- I like to refer to them as a
8 colorful PI. It was pretty much the
9 label.

10 There may have been, you
11 know, another supporting reference here
12 or there that tied into the PI. But if
13 you look at our promotional pieces, it
14 was a very benign, conservative marketing
15 campaign that was based on the
16 prescribing information.

17 MS. BAIG: I think I'm going
18 to shift to a new area.

19 THE WITNESS: Sure.

20 MS. BAIG: Do you need a
21 break or are you good?

22 THE WITNESS: I'm fine, if
23 you're fine.

24 MS. BAIG: Okay. Let's

1 carry on.

2 - - -

3 (Whereupon, a discussion off
4 the record occurred.)

5 - - -

6 MS. BAIG: I'd like to have
7 this first document marked as
8 Exhibit-1. It's Bates stamp
9 Actavis 799203 through 799214.

10 - - -

11 (Whereupon, Allergan-Altier
12 Exhibit-1, Actavis 799203-9214,
13 was marked for identification.)

14 - - -

15 (Whereupon, a discussion off
16 the record occurred.)

17 - - -

18 BY MS. BAIG:

19 Q. All right. For the record,
20 this is a letter titled, Warning Letter
21 from the FDA to Doug Boothe, the chief
22 executive officer at Actavis.

23 Is this the warning letter
24 that you were just referring to?

1 A. I believe it is.

2 Q. And you've seen this letter
3 before?

4 A. I'm sure I have.

5 Q. And in what context?

6 A. So this was delivered
7 February 18th, 2010. I joined in the
8 summer of 2010. My job was to create
9 materials that -- because these were no
10 longer able to be used.

11 So my understanding is this
12 warning letter was reflective of the
13 Alparma materials that Actavis was
14 using.

15 Q. How long had Actavis been
16 using the Alparma materials?

17 A. I don't know. I don't
18 believe they had been promoting the
19 product all that long prior to this.

20 Q. What's your understanding of
21 what the procedure was at Actavis when a
22 warning letter like this was received?

23 MR. ROTH: Object to the
24 form.

1 THE WITNESS: I can't
2 comment, since this was received
3 before I started.

4 BY MS. BAIG:

5 Q. So you have no understanding
6 of what procedure was used at Actavis for
7 the receipt of any types of warning
8 letters like this from the FDA?

9 A. No, no.

10 Q. So as a result of this
11 warning letter, is it -- what actions
12 were taken, to your knowledge?

13 MR. ROTH: Object to form.
14 Lacks foundation. Calls for
15 speculation.

16 THE WITNESS: What I was
17 told, although I wasn't there for
18 it, was the objecting materials
19 were pulled. There was corrective
20 action. And then when I came in,
21 new materials were created.

22 BY MS. BAIG:

23 Q. And you were responsible for
24 creating the new materials?

1 A. Yes.

2 Q. And is it your understanding
3 that Kadian was approved for moderate to
4 severe pain only when continuous,
5 around-the-clock opioid analgesic was
6 needed for an extended period of time?

7 A. That's the indication as
8 listed in the warning letter, yes.

9 Q. And Kadian was not intended
10 for use as a PRN analgesic, correct?

11 A. That's correct.

12 Q. And does that mean as -- use
13 on an as-needed basis?

14 A. That's correct.

15 Q. And Kadian was also not
16 indicated for pain in the immediate
17 postoperative period; is that right?

18 A. That's what it says here,
19 yes.

20 Q. And it was not indicated for
21 mild pain; is that right?

22 A. That's what it says here,
23 yes.

24 Q. And is it your understanding

1 of this warning letter, and please take a
2 moment to read it, if you need to, that
3 the FDA was finding that the promotional
4 materials that Actavis was then using for
5 Kadian were misleading?

6 MR. ROTH: Objection to
7 form. Lacks foundation. Calls
8 for speculation. Calls for a
9 legal conclusion.

10 THE WITNESS: I'm sorry?

11 BY MS. BAIG:

12 Q. Do you want me to read the
13 question back?

14 A. Sure.

15 Q. Is it your understanding of
16 this warning letter that the FDA was
17 finding that the promotional materials
18 that Actavis was then using for Kadian
19 were misleading?

20 MR. ROTH: Same objections.

21 THE WITNESS: I don't know
22 if I can characterize it as
23 misleading. I just know that they
24 had objections that we had to

1 correct.

2 BY MS. BAIG:

3 Q. Can I direct you to Page 3
4 of the warning letter?

5 Do you see the section that
6 says, Omission and minimization of risk
7 information?

8 A. I do.

9 Q. And do you see the first
10 sentence that says, Promotional materials
11 are misleading if they fail to reveal
12 facts that are material in light of
13 representations made or with respect to
14 consequences that may result from the use
15 of the drug as recommended or suggested
16 in the materials?

17 A. I do.

18 Q. And if you turn to the next
19 page, Page 4, do you see right before the
20 next heading, it states, The overall
21 effect of these presentations minimizes
22 the risks associated with Kadian and
23 misleadingly suggests that Kadian is
24 safer than has been demonstrated?

1 A. Uh-huh.

2 Q. Okay. So is it your
3 understanding of this FDA letter that the
4 FDA was telling Actavis that certain of
5 its marketing materials were misleading?

6 MR. ROTH: Objection. Calls
7 for a legal conclusion. Object to
8 the form. Calls for speculation.

9 THE WITNESS: I can say that
10 the FDA felt that the overall
11 effect was that the presentation
12 minimizes the risks associated
13 with Kadian and misleadingly
14 suggests that Kadian is safer than
15 has been demonstrated.

16 BY MS. BAIG:

17 Q. And do you see the next
18 heading that says, Broadening of
19 indication and failure to state full
20 indication?

21 A. Yes.

22 Q. And do you see that it says
23 there, again, that, Promotional materials
24 are misleading if they imply that a drug

1 product is indicated for use in a broader
2 range of conditions or patients than has
3 been demonstrated by substantial evidence
4 or substantial clinical experience?

5 A. Yes.

6 Q. And the FDA goes on to state
7 there that, The comparison detailer and
8 co-pay assistance program brochure failed
9 to include the complete approved
10 indication for Kadian and present broad
11 claims about the drug's use in treating
12 pain, therefore implying that Kadian is
13 appropriate for use in a broader range of
14 patients than it is approved to treat.

15 Do you see that?

16 A. I do.

17 Q. And do you see that it goes
18 on to list the specific examples of
19 marketing -- of statements in marketing
20 materials which it is finding to be
21 misleading?

22 A. I do.

23 MR. ROTH: Object to the
24 form.

1 THE WITNESS: Sorry.

2 MR. ROTH: Mischaracterizes
3 the document.

4 BY MS. BAIG:

5 Q. And those examples include,
6 1, Allowing for less breakthrough pain
7 and more consistent pain relief for
8 patients.

9 Do you see that?

10 A. I do.

11 Q. So is it your understanding
12 that the FDA is basically stating here
13 that any statements about Kadian allowing
14 for less breakthrough pain and more
15 consistent pain relief for patients were
16 misleading?

17 MR. ROTH: Object to the
18 form. Calls for a legal
19 conclusion. Lacks foundation.
20 Mischaracterizes the document.

21 THE WITNESS: Other than
22 reading it, I have no other legal
23 expertise to add to it.

24 BY MS. BAIG:

1 Q. I'm not asking for legal
2 expertise.

3 A. If you're -- if I --

4 Q. I'm asking --

5 A. -- can read that sentence,
6 yes, I can --

7 Q. I'm asking if your
8 understanding of this document is that
9 the FDA was suggesting that these
10 statements that are bulleted here on Page
11 4 were used by Actavis in promotional
12 materials and were misleading? Is that
13 your read of this document?

14 MR. ROTH: Same objection.

15 Asked and answered.

16 THE WITNESS: Based on
17 what's in the letter here, the FDA
18 said that, yes.

19 BY MS. BAIG:

20 Q. Can you turn to Page 5,
21 please?

22 And do you see that there
23 are three bulleted statements that were
24 used in Actavis materials?

1 A. I do.

2 Q. And they relate to chronic
3 pain and pain management?

4 A. Yes.

5 Q. And that the FDA finds, with
6 respect to those three statements, that,
7 The totality of these presentations and
8 the co-pay assistance program brochure
9 suggest that patients with broader types
10 of chronic pain than the drug is
11 indicated for are appropriate candidates
12 for Kadian therapy, when this is not the
13 case.

14 Do you see that?

15 A. I see that.

16 MR. ROTH: Object to the
17 form. Mischaracterizes.

18 BY MS. BAIG:

19 Q. And so is it your
20 understanding that going forward, Actavis
21 was going to avoid using these types of
22 statements in marketing materials?

23 MR. ROTH: Object to the
24 form.

1 THE WITNESS: I don't know
2 what the response was from Actavis
3 to the FDA about this.

4 BY MS. BAIG:

5 Q. Did anybody ever tell you to
6 avoid using these types of statements?

7 A. That was what our PRC
8 committee was for. So I would put
9 together marketing materials, it would go
10 through legal and regulatory review, and
11 anything that was objected to would be
12 pulled out at that time.

13 Q. What's the PRC committee?

14 A. Promotional review
15 committee.

16 Q. And who was on that
17 committee?

18 A. A lawyer and regulatory
19 representative.

20 Q. Who, exactly, do you recall
21 being on that committee?

22 A. The lawyer was Beth Selnick
23 Kaufman. And regulatory was Joanne
24 Stabolt.

1 Q. Anybody else?

2 A. Those were the two main
3 reviewers I remember.

4 Q. And the PRC committee was in
5 what division at Actavis?

6 A. Well, it was a broad -- so
7 Joanne was from regulatory and Beth was
8 from legal.

9 Q. And who was the head of
10 regulatory?

11 A. I believe it was Terry
12 Natalin.

13 Q. So Joanne reported to Terry
14 Natalin?

15 A. That's my understanding.

16 Q. Were there only two people
17 on that promotional review committee, to
18 your knowledge?

19 A. Only two people -- only one
20 from each department needed to be, so
21 yes.

22 Q. Were you given any specific
23 instructions with respect to this FDA
24 warning letter in terms of your

1 responsibilities for designing marketing
2 materials?

3 A. Basically, like I said, we
4 went -- we took a very conservative
5 approach, and as I say, made the colorful
6 PI. Our detail pieces were really just
7 reflective of the information that was in
8 the PI, sticking with the label,
9 remaining within the FDA guidelines.

10 Q. Do you recall that the FDA
11 stated that claims that imply that Kadian
12 is superior to both MS Contin and Avinza,
13 A-V-I-N-Z-A, because Kadian's dosage
14 strength availability offers fewer
15 barriers to prescribing --

16 A. Could you let me know what
17 page you're on, please?

18 Q. Sure. Yes. Page 9, sorry.
19 First full paragraph.

20 A. Okay.

21 Q. If you'd read that first
22 paragraph.

23 Was it your understanding
24 that the FDA was stating that certain

1 additional claims about there being fewer
2 barriers to prescribing were misleading?

3 MR. ROTH: Object to the
4 form. Mischaracterizes the
5 document.

6 THE WITNESS: Based on the
7 sentence written here in the
8 letter, yes.

9 BY MS. BAIG:

10 Q. And do you see, a couple of
11 sentences down, it states, However, FDA
12 is unaware of any substantial evidence or
13 substantial clinical experience to
14 support the claim that the above dosing
15 characteristics allow Kadian to have
16 fewer barriers to prescribing, the
17 meaning of which is not clear, as
18 compared to other extended-release
19 morphine products.

20 Do you see that?

21 A. I do.

22 Q. Are you aware of any
23 clinical studies that supported that
24 statement?

1 A. Not to my knowledge.

2 MR. ROTH: Object to the
3 form of the last question.

4 BY MS. BAIG:

5 Q. Can you turn to the next
6 page, please?

7 Do you see the first full
8 sentence states, Although Kadian may help
9 treat patients' moderate to severe pain,
10 we are not aware of substantial evidence
11 or substantial clinical experience
12 demonstrating that the magnitude of the
13 effect the drug has in alleviating pain,
14 taken together with any drug-related side
15 effects patients may experience, such as
16 the common adverse events of drowsiness,
17 dizziness, constipation and nausea,
18 result in an overall positive impact on a
19 patient's work, physical and mental
20 functioning, daily activities or
21 enjoyment of life.

22 Do you see that?

23 A. I do.

24 Q. Are you aware of any

1 substantial evidence or substantial
2 clinical experience that would have
3 supported those claims?

4 MR. ROTH: Objection to
5 form. Lacks foundation. Calls
6 for speculation.

7 THE WITNESS: No. I didn't
8 work on the material. So, no, I'm
9 not.

10 BY MS. BAIG:

11 Q. And so you see under the
12 conclusion and requested action, it
13 states, For the reasons discussed above,
14 the comparison detailer and co-pay
15 assistance program brochure misbrand
16 Kadian in violation -- and it states the
17 law.

18 Do you see that?

19 A. I do.

20 Q. And so you were -- correct
21 me if I'm misstating your testimony, but
22 I believe you said that you were then
23 brought in to come in and develop new
24 marketing materials after this letter; is

1 that right?

2 A. That's right.

3 MS. BAIG: All right. Let's
4 have this document marked.

5 This is Exhibit-2.

6 THE WITNESS: A little light
7 reading.

8 MS. BAIG: Little light
9 reading. This is a big document,
10 but we're going to just look at
11 certain parts of it.

12 - - -

13 (Whereupon, Allergan-Altier
14 Exhibit-2, Allergan
15 MDL01610520-1060, was marked for
16 identification.)

17 - - -

18 MR. ROTH: It's an e-mail
19 with two giant attachments.

20 BY MS. BAIG:

21 Q. So the document is Bates
22 stamped Allergan MDL01610520 through
23 01611060.

24 Just take a moment to

1 acquaint yourself with the document,
2 please.

3 A. Can I take these apart or --

4 Q. Yeah, just put it on the
5 end. We just have to keep it in order,
6 that's all.

7 A. Okay. I'm trying to figure
8 out where one begins and one ends.

9 MR. ROTH: I'll help you.
10 There's an e-mail at the top, and
11 then it looks like there's the big
12 training manual behind it.

13 THE WITNESS: But are there
14 two? Like, there's one --

15 MR. ROTH: I think it's just
16 one attachment that's 345 pages.

17 THE WITNESS: It says, Here
18 are both documents. I'm trying to
19 figure out which one --

20 MR. ROTH: There are two,
21 you're right.

22 BY MS. BAIG:

23 Q. So there's an e-mail
24 document on top. And then the first

1 attachment appears to be something
2 called, The Kadian Learning System. And
3 then if you --

4 A. I got the break. Okay. Got
5 it.

6 Q. Then at Bates stamp page
7 01610714, there's a second attachment,
8 which is entitled, Kadian Learning
9 Systems.

10 Do you see that?

11 A. Yep. I've got them all.

12 Q. Have you had an opportunity
13 to look over the e-mail?

14 A. Let me read it.

15 Okay.

16 Q. Do you have a -- have you
17 seen these documents before?

18 A. I assume I have, since I'm
19 on the e-mail, yes.

20 Q. And you saw them in the
21 regular course of your business at
22 Actavis?

23 A. These appear to be training
24 modules that the sales reps would have

1 received. So I wouldn't have seen them,
2 but --

3 Q. But you see that they were
4 attached to this e-mail that was sent to
5 you, correct?

6 A. Yes.

7 Q. Right. So you've seen these
8 documents in the regular course of your
9 business before?

10 MR. ROTH: Object to the
11 form. Asked and answered.

12 THE WITNESS: I don't know
13 how you define "regular course."
14 It looks like I first saw them
15 when we were transitioning to the
16 new Watson/Actavis, and they
17 wanted to run them through their
18 PRC process.

19 And it looks like we were
20 trying to scrounge them up and
21 find if we had references on file
22 for them.

23 BY MS. BAIG:

24 Q. And that was in or about

1 2000 -- January 15th of 2013?

2 A. Right.

3 Q. Have you seen these
4 documents since then?

5 A. No. I haven't been studying
6 up on my Kadian.

7 Q. So what is your
8 understanding of what these attachments
9 were?

10 A. My understanding is this
11 looks like what a rep would have received
12 upon joining the company, to learn about
13 Kadian and the pain environment.

14 Q. And is one of these versions
15 an initial version and the second one is
16 a revised version? Or what's your
17 understanding of the relationship between
18 the two attachments?

19 A. Based on the e-mail, as well
20 as what's written on here, it appears
21 that there's not a date on the AlphaPharma
22 one; but the second one, called, Kadian
23 Learning Systems, looks like it was
24 produced by AlphaPharma.

1 I'm looking for a date and I
2 don't see anything, unless I'm not
3 interpreting the code. But that would
4 have been prior, I assume, to Actavis's
5 acquisition.

6 And then The Kadian Learning
7 System appears to be updated from that,
8 completed on July 1st, 2010.

9 Q. Just to clarify the record,
10 these documents were produced, actually,
11 by Allergan in this litigation; produced
12 in this litigation by Allergan. They are
13 Bates stamped Allergan at the bottom.

14 But what you're referring to
15 is that the second document has an
16 Alpharma notation on the first page?

17 A. Right.

18 Q. And the first document has
19 an Actavis Elizabeth notation on the
20 first page.

21 A. Right.

22 Q. Do you see that?

23 A. Uh-huh.

24 Q. So is it your understanding

1 that the first -- is it fair to call
2 these training manuals?

3 A. That's what they're calling
4 them here, yes.

5 Q. So the first attached
6 training manual was a revision of the
7 second attached training manual?

8 MR. ROTH: By "first" you're
9 referring to the Kadian training
10 manual PDF, which is the first
11 attachment?

12 MS. BAIG: The first
13 attachment.

14 MR. ROTH: And the second is
15 the Alpharma final PDF, the second
16 attachment?

17 MS. BAIG: Yes.

18 THE WITNESS: Based on
19 what's written here in the e-mail,
20 it says the Actavis module, the
21 first attached document, was
22 created based on the Alpharma
23 module, second attached document.

24 BY MS. BAIG:

1 Q. And is that your
2 understanding of what happened with these
3 documents?

4 A. That was my understanding
5 back in 2013, yes.

6 Q. And who would have been
7 responsible for revising the first
8 document into the second document?

9 A. I don't know. I probably
10 just started when this was complete on
11 July 1st. So I don't know.

12 Q. And who, typically, had
13 responsibility for creating training
14 manuals for opioids?

15 A. It would have been the sales
16 training department. But Actavis didn't
17 have one, and that's why I don't know who
18 did it.

19 Q. Who was Lisa Miller?

20 A. Lisa Miller was the other
21 woman I mentioned who joined our
22 marketing team.

23 Q. And what was her position?

24 A. I don't recall her title.

1 Let's see. Is it on here anywhere? But
2 she was in marketing with me.

3 Q. Was she -- did she report to
4 you?

5 A. Yes.

6 Q. And when did she join,
7 about?

8 A. That's a great question. I
9 don't recall.

10 Q. And what did she do, to your
11 knowledge, in the marketing department?
12 What were her responsibilities?

13 A. Sure. Assisted me,
14 especially as, you know, the workload
15 became heavier with prelaunch activities
16 related to MoxDuo.

17 Q. Do you recall how much this
18 training manual changed from the original
19 Alpharma training manual?

20 MR. ROTH: Object to the
21 form.

22 THE WITNESS: I've never
23 read either one of them. I can
24 just look at the size and say the

1 Actavis one is significantly
2 smaller.

3 BY MS. BAIG:

4 Q. But you don't know generally
5 how they changed -- how it changed?

6 A. No, no.

7 Q. So let's look at the Actavis
8 one.

9 Do you see on Page 8 there's
10 a section that says, Pain signal
11 transmission?

12 A. Yes.

13 Q. So do you see that in this
14 training manual, the first sentence --
15 couple of sentences of that section say,
16 What is pain? The most commonly used
17 definition of pain is any sensation the
18 patient perceives to be uncomfortable.

19 Do you see that?

20 A. Yes.

21 Q. Do you see on Page 28, in
22 the Actavis training manual, there is a
23 section entitled, Barriers to effective
24 pain control?

1 A. Yes.

2 Q. And it lists four bullet
3 points. One says, Fear of addiction.
4 One says, Lack of education about pain
5 and pain control. One says, Opioid
6 phobia. And one says, Fear of legal or
7 regulatory action.

8 Do you see those?

9 A. I do.

10 Q. Do you recall having
11 discussions, in your capacity at Actavis,
12 regarding fear of addiction being a
13 barrier to effective pain control?

14 MR. ROTH: Object to the
15 form.

16 THE WITNESS: No. These
17 would have been for background
18 use, not to be used in promotion.

19 I think that's -- yeah,
20 internal and training purposes
21 only, not to be distributed.

22 BY MS. BAIG:

23 Q. Training of whom?

24 A. The sales representatives.

1 Q. Right. Okay.

2 Do you remember having any
3 communications, in your capacity as
4 marketing director, regarding opioid
5 phobia?

6 MR. ROTH: Object to the
7 form.

8 THE WITNESS: No.

9 BY MS. BAIG:

10 Q. You don't remember ever
11 having any communications regarding the
12 term "opioid phobia"?

13 MR. ROTH: Asked and
14 answered.

15 THE WITNESS: No. Because
16 that's not in our label, so that
17 wouldn't have been communicated to
18 the sales force as a directive to
19 promote.

20 BY MS. BAIG:

21 Q. But it is included in this
22 training manual that went to the sales
23 force, correct?

24 A. Right. So training manuals

1 are designed so that when a
2 representative walks into an office, they
3 are educated. They are also trained what
4 they can speak on, and that's very
5 narrow. This gives them a background.

6 Q. Can you turn to Page 74 of
7 that document? It's Bates stamped
8 Allergan MDL01610595.

9 A. Yes.

10 Q. Do you see where it says in
11 this training manual, quote, There
12 remains no question that opioids
13 effectively reduce the severity of most
14 types of CBP?

15 A. Yes.

16 Q. And CBP stands for chronic
17 benign pain; is that right?

18 A. That's my understanding from
19 the heading.

20 Q. And "chronic benign pain"
21 refers to chronic noncancer pain; is that
22 your understanding?

23 MR. ROTH: Object to the
24 form. Lacks foundation.

1 BY MS. BAIG:

2 Q. What's your understanding of
3 what "chronic benign pain" means?

4 A. I would have to -- I would
5 have to look it up.

6 Q. You don't know?

7 A. Not chronic nonbenign pain.

8 It's a --

9 Q. Is it your understanding
10 that "benign" means noncancerous?

11 MR. ROTH: Same objection.

12 Asked and answered.

13 THE WITNESS: I believe
14 that's the case, yes.

15 BY MS. BAIG:

16 Q. Were you aware, while you
17 were at Actavis, of any clinical studies
18 that supported that opioids effectively
19 reduced the severity of most types of
20 chronic benign pain?

21 MR. ROTH: Objection. Lacks
22 foundation. Calls for
23 speculation. Form.

24 THE WITNESS: I can say that

1 opioids have been approved by the
2 FDA to be safe and effective for
3 treating pain. So the FDA has
4 determined that that's true.

5 BY MS. BAIG:

6 Q. Well, here we're talking
7 about chronic benign pain.

8 A. Right. So any product --

9 Q. So my question to you is,
10 are you aware of any clinical studies
11 that support that opioids effectively
12 reduce the severity of most types of
13 chronic benign pain?

14 MR. ROTH: Objection. Asked
15 and answered. Lacks foundation.

16 MS. BAIG: It's been asked,
17 but it hasn't been answered.

18 MR. ROTH: She gave you an
19 answer. You don't like it.

20 She can answer again the way
21 she feels appropriate.

22 THE WITNESS: Any clinical
23 study that supports the approval
24 of any opioid by the FDA would

1 fall into this category.

2 BY MS. BAIG:

3 Q. And are you aware of studies
4 that support that opioids effectively
5 reduce the severity of most types of
6 chronic benign pain?

7 MR. ROTH: Objection. Asked
8 and answered. Lacks foundation.
9 Calls for speculation.

10 BY MS. BAIG:

11 Q. As you sit here today, are
12 you aware of those studies that support
13 this statement?

14 MR. ROTH: Same objections.

15 THE WITNESS: Only to the
16 extent that they're included in
17 the labels of the particular
18 products that are approved. So,
19 no, I'm not familiar with every
20 product's studies and that kind of
21 thing.

22 BY MS. BAIG:

23 Q. Are you familiar with any
24 studies that support this statement?

1 MR. ROTH: Same objections.

2 Asked and answered. I think this
3 is badgering her at this point.

4 MS. BAIG: This is not
5 badgering. I'm just trying to get
6 an answer to this question.

7 BY MS. BAIG:

8 Q. As you sit here, are you
9 personally aware of any studies that
10 support that opioids effectively reduce
11 the severity of most types of chronic
12 benign pain?

13 MR. ROTH: Same objections.

14 THE WITNESS: I know that
15 there were studies in the Kadian
16 label, and every label of every
17 opioid product, that supported
18 that, yes. I can't give you any
19 more information than that.

20 BY MS. BAIG:

21 Q. So how do you know?

22 A. How do I know what?

23 Q. How do you know -- what
24 studies were they?

1 A. I don't know their names. I
2 know that they are included in our label
3 that was approved by the FDA.

4 Q. Did you ever see the
5 studies?

6 A. Did I ever read the studies?

7 Q. Did you ever see them?

8 MR. ROTH: Object to the
9 form.

10 THE WITNESS: Did I ever see
11 the article --

12 BY MS. BAIG:

13 Q. You just stated that you
14 were aware of the studies.

15 Did you ever see them?

16 MR. ROTH: Object to the
17 form.

18 THE WITNESS: I saw what was
19 listed in our prescribing
20 information.

21 BY MS. BAIG:

22 Q. Do you recall there being
23 any studies there that supported that
24 opioids effectively reduce the severity

1 of most types of chronic benign pain?

2 A. The foundation of our label
3 is based on clinical studies, that's how
4 a drug gets approved.

5 Q. For chronic benign pain?

6 A. That was our indication.

7 Q. Are you aware of any studies
8 that support that?

9 A. I truly don't know how to
10 answer the question, other than what I've
11 been answering.

12 Q. You're saying that there
13 were studies?

14 A. I'm saying, by definition, a
15 drug is approved based on clinical
16 studies. There had to have been studies.

17 Q. But are you aware of what
18 they are, is my question. Do you know
19 which studies? Who did the studies?
20 Have you ever seen the actual studies?

21 MR. ROTH: Objection. Asked
22 and answered.

23 THE WITNESS: At the time I
24 was working on the product, I had

1 seen the studies.

2 BY MS. BAIG:

3 Q. You had?

4 A. Could I name them?

5 Q. Who gave you the studies?

6 A. They're listed in the
7 prescribing information of the product.

8 Q. Did you actually see the
9 studies, though, the reports, the
10 articles?

11 A. If an article was published,
12 yes, I saw the articles.

13 Q. Do you have any recollection
14 of them?

15 MR. ROTH: Object to the
16 form. Asked and answered.

17 THE WITNESS: No.

18 BY MS. BAIG:

19 Q. No.

20 If I wanted to get them, do
21 you know who I would ask, at Actavis, to
22 receive them?

23 A. All you would have to do is
24 go online and look at the Kadian PI and

1 pull them.

2 Q. And pull the studies?

3 A. Uh-huh.

4 Q. That support this statement?

5 A. Our indication supports that
6 statement. So the FDA has supported
7 that.

8 Q. Okay. Do you see the next
9 page, Page 76, please?

10 Do you see there's a section
11 that's called, Substance abuse?

12 A. Yes.

13 Q. And it says, Substance abuse
14 will be seen in a few patients in every
15 chronic benign pain practice. Perhaps
16 largely because patients attempting to
17 obtain opioids will eventually end up at
18 a pain management practice.

19 Do you see that?

20 A. I do.

21 Q. And do you see how it goes
22 on, However, despite the continued
23 unscientific beliefs of some clinicians,
24 there is no evidence that simply taking

1 opioids for a period of time will cause
2 substance abuse or addiction. It appears
3 likely that most substance-abusing
4 patients in pain management practices had
5 an abuse problem before entering the
6 practice. This topic is so important and
7 so much misinformation exists that it is
8 discussed separately in Chapter 6.

9 Do you see that?

10 A. I do.

11 Q. Are you aware of any data
12 that supports that only a few patients in
13 every chronic benign pain practice
14 suffer -- hang on.

15 Are you aware of any data
16 that supports that substance abuse will
17 be seen in a few patients in every
18 chronic benign pain practice, perhaps
19 largely because patients attempting to
20 obtain opioids will eventually end up at
21 a pain management practice?

22 MR. ROTH: Objection to
23 form. Lacks foundation. Calls
24 for speculation.

1 BY MS. BAIG:

2 Q. Are you aware of the data
3 that supports that, if there is any?

4 MR. ROTH: Same objections.

5 THE WITNESS: I don't know
6 what the reference is for that.

7 BY MS. BAIG:

8 Q. Okay. And the next
9 sentence, However, despite the continued
10 unscientific beliefs of some clinicians,
11 there is no evidence that simply taking
12 opioids for a period of time will cause
13 substance abuse or addiction.

14 Are you aware of the data
15 that supports that statement?

16 MR. ROTH: Objection to
17 form. Lacks foundation. Calls
18 for speculation.

19 THE WITNESS: I don't know
20 what the reference is for that
21 statement.

22 BY MS. BAIG:

23 Q. And for the third sentence,
24 It appears likely that most

1 substance-abusing patients in pain
2 management practices had an abuse problem
3 before entering the practice, are you
4 aware of any data that supports that
5 statement?

6 A. I don't know what the
7 reference is for that.

8 Q. And so -- and you're not
9 aware of who actually drafted this sales
10 training manual?

11 A. That's correct.

12 MR. ROTH: Can we take a
13 quick break? I'm told there's
14 someone trying to dial in.

15 MS. BAIG: I think we should
16 just get through this document
17 first.

18 MR. ROTH: How much longer
19 do you have? There's --

20 MS. BAIG: Less than two
21 minutes.

22 MR. ROTH: Totally fine.

23 MS. BAIG: Maybe four
24 minutes.

1 MR. ROTH: It can even be
2 six.

3 BY MS. BAIG:

4 Q. All right. Do you see the
5 next page, Page 77?

6 A. Uh-huh.

7 Q. Actually, let's go back to
8 Page 76, at the bottom.

9 Do you see the statement
10 that states, Educating clinicians about
11 these guidelines will help to ease their
12 fears of prescribing for patients with
13 chronic benign pain?

14 A. I do.

15 Q. And was it your
16 understanding that the sales reps were to
17 educate clinicians about the guidelines?

18 MR. ROTH: Objection.

19 Mischaracterizes the document.

20 Objection to form.

21 MS. BAIG: Let me restate
22 that question.

23 BY MS. BAIG:

24 Q. Was it your understanding

1 that the sales reps were to educate
2 clinicians about the guidelines so as to
3 ease prescribers' fears of prescribing
4 opioids for patients with chronic benign
5 pain?

6 MR. ROTH: Objection. Form.

7 THE WITNESS: The only
8 direction sales reps would have
9 been given regarding education was
10 what was in our -- what was in our
11 promotional materials.

12 BY MS. BAIG:

13 Q. And the sales reps were also
14 given this training manual, correct?

15 A. As background use, not to be
16 distributed.

17 Q. Not to be distributed to
18 prescribers?

19 A. Right.

20 Q. But it was distributed to --

21 A. It was for their background.

22 Q. Correct. But it was --
23 understood.

24 But it was distributed to

1 the sales team, correct?

2 A. Right.

3 Q. And the next page, it
4 states, Three national guidelines have
5 been published concerning the use of
6 opioids in chronic benign pain.

7 It goes on to state, The
8 American Academy of Pain Medicine and
9 American Pain Society have published a
10 consensus statement, quote, The use of
11 opioids for the treatment of chronic
12 pain.

13 A. Uh-huh.

14 Q. Are you aware of the
15 consensus statement that was issued by
16 the American Academy of Pain Medicine and
17 American Pain Society?

18 A. I don't believe that was
19 something we used in our promotional
20 materials.

21 Q. No. But it's referenced
22 here in this sales manual.

23 So my question is --

24 A. No, I was saying --

1 Q. -- are you aware --

2 A. -- you're saying am I
3 personally aware of it? No, because I
4 don't think we used it in our promotional
5 materials.

6 Q. Have you ever heard of the
7 American Academy of Pain Medicine?

8 A. I have.

9 Q. And what do you know about
10 the American Academy of Pain Medicine?

11 A. Just that they're a medical
12 society.

13 Q. And have you ever had an
14 occasion to work with the American
15 Academy of Pain Medicine?

16 A. I don't believe so.

17 Q. So you've never talked with
18 anybody from the American Academy of Pain
19 Medicine?

20 A. I'm trying to remember. I
21 remember we had initial conversations
22 with several organizations leading up to
23 the MoxDuo launch. But, again, we didn't
24 launch MoxDuo, so we didn't have any --

1 anything more than an initial meeting.

2 I don't recall if APM was on
3 that list or not.

4 Q. And do you know if anybody
5 else from Actavis communicated with the
6 American Academy of Pain Medicine?

7 A. Perhaps our medical
8 director.

9 Q. Who was that, again?

10 A. Jeanette Barrett.

11 Q. And what department is she
12 in?

13 A. Medical.

14 Q. That's the full name of the
15 department?

16 A. It might have been medical
17 affairs.

18 Q. And how large is that
19 department?

20 A. At the time, I believe she
21 was the only person in it, or she may
22 have brought on people as it grew. I
23 don't recall.

24 Q. And I have the same line of

1 questions with respect to the American
2 Pain Society, the next organization
3 that's listed there.

4 Have you had any
5 communications with the American Pain
6 Society, ever?

7 A. It would be similar. I'm
8 trying to recall.

9 This might have been a
10 society that Jeanette and I attended a
11 corporate advisory meeting for. I recall
12 doing one for one of the organizations.
13 It could have been APS.

14 Q. Do you recall what the
15 corporate advisory meeting was about?

16 A. Not specifically. Normally
17 those, when you attend, it's, you know,
18 representatives from a multitude of
19 pharmaceutical companies listening to the
20 goals of the society, the programs they
21 are going to produce, that kind of thing.

22 Q. Have you been to a number of
23 those meetings?

24 A. I'm trying to remember if

1 I've been to -- let's see.

2 I attended an introductory
3 meeting, we're not on the council yet,
4 but for the American Academy of
5 Neurology, earlier this year.

6 Q. And before this year, have
7 you attended any of those meetings?

8 A. Not that I can recall.

9 Q. Apart from the one that you
10 may have attended with Jeanette Barrett;
11 is that right?

12 A. Correct.

13 Q. And that would have been in
14 your capacity as marketing director at
15 Actavis; is that right?

16 A. Correct.

17 Q. The next paragraph starts
18 with, The Federation of State Medical
19 Boards.

20 Do you see that?

21 A. No -- oh, yes.

22 Q. And it states, The
23 Federation of State Medical Boards has
24 developed model guidelines for the use of

1 controlled substances for the treatment
2 of pain which has, in turn, been adopted
3 by numerous state medical boards.

4 Do you see that?

5 A. Uh-huh.

6 Q. Have you ever had any
7 communications with The Federation of
8 State Medical Boards?

9 A. Not to my knowledge, no.

10 Q. You've never attended any
11 meetings with them?

12 A. No.

13 Q. Are you aware of those model
14 guidelines?

15 A. No.

16 Q. You've never reviewed them?

17 A. No.

18 Q. Can you turn to Page 86,
19 please?

20 Do you see in the last
21 paragraph -- well, in the section that's
22 entitled, Definitions of Substance Abuse
23 and Dependence, do you see that?

24 A. What page is that on?

1 Q. The prior page has the
2 heading.

3 A. Yes.

4 Q. And do you see on Page 86,
5 in the last paragraph, it says, Physical
6 withdrawal generally, but not always,
7 resolves within five to eight days and is
8 not considered life-threatening?

9 A. Yes.

10 Q. Are you aware of any
11 clinical studies that support that
12 statement?

13 MR. ROTH: Objection to
14 form. Lack of foundation. Calls
15 for speculation.

16 THE WITNESS: I don't know
17 the reference for that statement.

18 BY MS. BAIG:

19 Q. Okay. The next sentence
20 states, Nonetheless, these withdrawal
21 symptoms are uncomfortable and unpleasant
22 and management of the symptoms is
23 desirable.

24 Are you aware of any

1 clinical studies that support or explain
2 how to manage those symptoms?

3 MR. ROTH: Same objections.

4 THE WITNESS: I'm not aware
5 of the reference for that
6 statement.

7 MS. BAIG: Okay. I have no
8 further questions about this
9 document. So if now is a good
10 time to take a break?

11 MR. ROTH: Yes.

12 MS. BAIG: How much time
13 would you like?

14 MR. ROTH: Five minutes. Is
15 that okay?

16 MS. BAIG: Sure.

17 VIDEO TECHNICIAN: The time
18 is 10:59 a.m. Going off the
19 record.

20 - - -

21 (Whereupon, a brief recess
22 was taken.)

23 - - -

24 VIDEO TECHNICIAN: We are

1 back on the record. The time is
2 11:15.

3 MS. BAIG: I'd like to have
4 this next document marked as the
5 next in order. It's Bates stamped
6 Actavis 0815204 through 0815206.
7 It's an e-mail string. It begins
8 as an e-mail string from Nathalie
9 Leitch to Jennifer Altier.

10 - - -

11 (Whereupon, Allergan-Altier
12 Exhibit-3, Actavis 0815204-5206,
13 was marked for identification.)

14 - - -

15 BY MS. BAIG:

16 Q. If you'd just take a moment
17 to review the document, please.

18 Have you had a chance to
19 look at the document?

20 A. I haven't read it completely
21 but I get the gist of it.

22 Q. Do you recall receiving this
23 document in the regular course of your
24 business at Actavis?

1 A. Not offhand. But clearly I
2 did.

3 Q. Okay. And this is a weekly
4 update entitled, Weekly Update, dated
5 August 26th, 2011; is that right?

6 A. That's the subject of the
7 e-mail.

8 Q. Okay.

9 A. I believe that references
10 more the initial e-mail than the content
11 that followed.

12 Q. And at the bottom of the
13 first page, you see other recipients on
14 the e-mail string are Doug Boothe,
15 Terrence Fullem and Bruce Sullivan?

16 A. Yes.

17 Q. And Doug Boothe, I believe
18 you testified, was the CEO?

19 A. Correct.

20 Q. And Terrence Fullem, again,
21 what was his position?

22 A. He reported to Doug.

23 Q. And his position was --

24 A. I forget titles, but picture

1 it as me, Nathalie, Terry and Doug.

2 Q. So he's in a marketing
3 capacity?

4 A. No. He was more overall. I
5 think I categorized it as commercial
6 operations. I honestly don't remember
7 what his title was.

8 Q. And who is Bruce Sullivan?

9 A. Bruce was -- I don't recall
10 his exact -- sort of a project planner --
11 that's not right.

12 I'm going to have to say I
13 don't recall. He was a member of the
14 team. I don't remember his exact
15 function.

16 Q. And do you remember what was
17 happening at the time of this e-mail or,
18 generally speaking, what you all were
19 talking about?

20 MR. ROTH: Object to the
21 form.

22 THE WITNESS: Do you have
23 anything specifically you want me
24 to respond to?

1 BY MS. BAIG:

2 Q. Not yet.

3 Just generally do you
4 understand the gist of the e-mails?

5 A. Well, it sounds like Doug
6 was talking to Nathalie that, scripts
7 were potentially declining or -- so he
8 just wanted to see what we were doing.

9 Q. Prescriptions for what?

10 A. For Kadian.

11 Q. So at the bottom of the
12 first page, do you see where it says,
13 from Nathalie to Doug, The unit sales out
14 from wholesalers to retailers does show a
15 loss of momentum?

16 A. Correct.

17 Q. It goes on to state, This is
18 seasonal, to some degree.

19 A. Right. So this was August,
20 so a lot of people go on vacation, that
21 kind of thing.

22 Q. So is there any -- is there
23 any other reason that there would be a
24 seasonal impact on prescriptions for

1 Kadian, or any other opioid drugs?

2 A. Not that I'm aware of no.

3 MS. RANJAN: Object to the
4 form of the last question.

5 BY MS. BAIG:

6 Q. The last two sentences on
7 this page state -- or the last paragraph
8 states, The team's objective coming out
9 of the NSM was to maintain target, TRX --
10 is that prescriptions?

11 A. I'm sorry, where are you?

12 Q. Last paragraph.

13 MR. ROTH: Bottom of the
14 page.

15 THE WITNESS: Team's
16 objective, okay.

17 BY MS. BAIG:

18 Q. It states, The team's
19 objective coming out of the NSM was to
20 maintain target TRX at the post Embeda
21 recall level.

22 What is NSM?

23 A. National sales meeting.

24 Q. And what is the national

1 sales meeting?

2 A. In our case, once a year, we
3 would get the sales team together to have
4 a meeting with them.

5 Q. The sales teams from where?

6 A. All across the country,
7 every representative.

8 Q. For what drugs?

9 A. This would have been for
10 Kadian.

11 Q. So is there -- I'm confused.
12 I thought you testified earlier that
13 there was just one sales team, it was
14 between 18 and 48 people.

15 So which sales teams is this
16 referring to?

17 A. Only one. We only had one.

18 Q. So for the national sales
19 meeting, who attended that?

20 A. That sales force.

21 Q. The inVentiv sales force of
22 18 to 48 people, varying at different
23 times?

24 A. Uh-huh.

1 Q. And where was the national
2 sales meeting generally held?

3 A. It varied. Most times in
4 Florida somewhere.

5 Q. And it goes on to state --
6 oh, wait.

7 What does TRX stand for?
8 Does that stand for prescriptions?

9 A. Total prescriptions, as
10 opposed to --

11 Q. Total prescriptions?

12 A. Yes.

13 Q. And what does that mean,
14 maintain target total prescriptions at
15 the post Embeda level?

16 A. I'm assuming we had a target
17 TRX level that we wanted to maintain. So
18 that's what it refers to.

19 Q. What's a post Embeda recall?

20 A. Embeda was recalled off the
21 market, so that created a potential
22 opportunity for more Kadian
23 prescriptions. Doctors would have to
24 make a choice with their Embeda patients

1 what product to now put them on.

2 Q. Who had the Embeda product?

3 A. Gosh. Who did Alpharma

4 become?

5 Q. Was it King?

6 A. It must have been King.

7 Q. So does this suggest that
8 the targets for the sales reps was
9 increased when Embeda was recalled, and
10 here what they're being told is to
11 maintain that increased level?

12 MR. ROTH: Objection. Lacks
13 foundation. Calls for
14 speculation.

15 THE WITNESS: Yeah, I don't
16 recall. It just says that we're
17 trying to maintain the target
18 level. It goes to say what that
19 was.

20 BY MS. BAIG:

21 Q. So when it states, This
22 meant targets needed to write an average
23 of 13 -- of 1,306 Kadian prescriptions
24 per day --

1 A. Uh-huh.

2 Q. -- for the four months
3 ending August.

4 A. Uh-huh.

5 Q. Who needs to write the 1,306
6 Kadian prescriptions per day?

7 MR. ROTH: Objection. Lacks
8 foundation. Calls for
9 speculation.

10 THE WITNESS: My assumption,
11 by reading this, is the cumulative
12 physicians on our target list.

13 BY MS. BAIG:

14 Q. So this is sort of a sales
15 goal, a goal for your sales staff to
16 meet?

17 A. That's my interpretation,
18 yes.

19 Q. Okay. And it's cumulative,
20 it's for the entire sales staff, but is
21 it broken down for each sales rep, that
22 they need to have their target
23 prescribers write a certain number of
24 prescriptions per day?

1 A. I don't recall how that was
2 done.

3 Q. Who would have worked with
4 the sales team in order to set those
5 goals?

6 A. Potentially, Nathalie.

7 Q. Anybody else?

8 A. Potentially the sales heads.

9 Q. The ones you identified
10 before?

11 A. Yep.

12 Q. But you did not do that?

13 A. No.

14 Q. Do you see the next
15 paragraph, it states, We added new
16 high-volume generic MS writers to each of
17 the territories at the end of July?

18 A. Uh-huh.

19 Q. And it goes on to state, The
20 response from these writers to our
21 message has been positive so far. We're
22 looking to this segment to drive growth
23 over the coming months.

24 So does this suggest that

1 you're adding high-volume generic
2 prescription writer doctors to the
3 targets for the sales reps?

4 MR. ROTH: Objection. Form.
5 Lacks foundation. Calls for
6 speculation.

7 You can answer.

8 THE WITNESS: I believe what
9 it says is that we added new --
10 new high-volume generic MS
11 writers. So it was specific to
12 that drug, yes.

13 BY MS. BAIG:

14 Q. What is -- can you just say
15 what this means in lay person's terms?
16 What is meant by "generic MS writers"?

17 A. I believe it refers to
18 generic MS-Contin, but I can't be sure.

19 Q. And what is generic
20 MS-Contin?

21 A. A drug.

22 Q. Is it an opioid?

23 A. I believe so.

24 Q. So here you're giving your

1 sales team high-volume generic opioid
2 prescribers to target; is that correct?

3 MR. ROTH: Objection to
4 form. Lacks foundation. Calls
5 for speculation.

6 THE WITNESS: It appears
7 that high writers of that generic
8 product were added to the list so
9 that they could be educated about
10 our product.

11 BY MS. BAIG:

12 Q. In order to drive segment
13 growth, correct?

14 MR. ROTH: Object to the
15 form.

16 BY MS. BAIG:

17 Q. Or in order to drive growth?

18 MR. ROTH: Same objection.

19 THE WITNESS: That's what
20 the statement says.

21 BY MS. BAIG:

22 Q. Okay. Do you see the next
23 paragraph, it states, Again, our focus
24 once again is on the high-volume generic

1 MS writers?

2 A. The next paragraph?

3 Oh, yes, okay.

4 Q. Do you see that?

5 A. Yes.

6 Q. And it states that you're
7 adding new territories.

8 Do you recall what new
9 territories were being added?

10 A. No. But that would be what
11 I alluded to, that we went from 18 to a
12 certain more number.

13 Q. Do you know whether Ohio was
14 among those territories?

15 A. I don't.

16 Q. Where would those
17 territories be identified?

18 A. I don't know.

19 Q. If you still worked at
20 Actavis and you wanted to know what
21 territories your sales reps were going
22 to, would you have a way of finding out
23 that information?

24 A. Sure. I would go to the

1 sales heads.

2 Q. Okay. Do you see the third
3 paragraph down, it says, The direct mail
4 and e-mail campaigns roll out next week.
5 Main messages here are long history of
6 safe and efficacious use, favorable
7 formulary position, and co-pay program.

8 Do you see that?

9 A. I do.

10 Q. Are you aware of the
11 clinical studies that support that
12 there's a long history of safe and
13 efficacious use?

14 MR. ROTH: Objection. Form.

15 Asked and answered.

16 THE WITNESS: Same answer as
17 before.

18 BY MS. BAIG:

19 Q. What was it? Are you aware
20 of those clinical studies?

21 A. As they are included in our
22 PI, yes.

23 Q. Are you, as you sit here
24 today, aware of the clinical studies that

1 support that there is a long history of
2 safe and efficacious use for Kadian?

3 MR. ROTH: Objection. Form.
4 Lacks foundation. Calls for
5 speculation. Asked and answered,
6 like five times.

7 THE WITNESS: I don't
8 understand how -- I'm aware that
9 there are studies in our
10 prescribing information that if I
11 even went to Kadian.com, I could
12 find out the information.

13 BY MS. BAIG:

14 Q. All right. But you can't
15 tell me what those studies are as you sit
16 here right now; is that right?

17 MR. ROTH: Same objections.

18 THE WITNESS: I was not a
19 physician in the clinical study,
20 no. I'm not a physician.

21 BY MS. BAIG:

22 Q. Okay. Do you see the next
23 paragraph?

24 A. Uh-huh. I do.

1 Q. Do you see here it says, We
2 have looked at speakers programs?

3 A. Uh-huh.

4 Q. And have made the decision
5 not to pursue?

6 A. Correct.

7 Q. And then it states, Legal
8 and regulatory have been strongly
9 opposed, plus the cost/benefit very
10 uncertain, given the complete lack of
11 clinical data for Kadian.

12 Do you see that?

13 A. I do. I know what that's
14 referencing. The word that's missing
15 there is a complete lack of new clinical
16 data. We would have nothing new for the
17 speakers to speak about if we did a
18 speakers program.

19 Q. Nothing new from when?

20 A. Nothing new from the -- as
21 far as I knew, at the approval. So,
22 therefore, when she goes on to say,
23 generating prescriber interest in a
24 Kadian program would be challenging,

1 given what we are able to talk about, we
2 had nothing new since the product was
3 approved.

4 Q. Why were legal and
5 regulatory strongly opposed to using
6 speakers programs?

7 MR. ROTH: I'm going to
8 object and instruct you not to
9 answer anything that would reveal
10 privileged communications from
11 your legal department.

12 If you can answer that
13 without revealing privileged
14 communications, feel free. But I
15 think that probably calls for
16 most, if not all, privileged
17 communications in response.

18 THE WITNESS: Correct.

19 BY MS. BAIG:

20 Q. Did you ever hear from
21 anybody, other than a lawyer at Actavis,
22 as to why they were opposed to using
23 speakers programs?

24 MR. ROTH: And, again, I'm

1 going to caution you. If you
2 heard from a nonlawyer about
3 legal's opposition and legal's
4 reasons, that's privileged, don't
5 reveal that. If some nonlawyer
6 told you some nonlegal reason for
7 being opposed to speakers bureaus,
8 feel free to say.

9 THE WITNESS: Other than
10 legal, I think cost was just the
11 only other issue.

12 BY MS. BAIG:

13 Q. Did you ever hear anything
14 from the regulatory department regarding
15 why they were not going to use speakers
16 programs at this particular juncture?

17 MR. ROTH: And, again, to
18 the extent that the regulatory
19 group was relying on legal advice,
20 you should not reveal that. I'll
21 instruct you not to answer that.

22 But if regulatory had some
23 other conversations that didn't
24 relate to legal issues, you can

1 reveal that.

2 MS. BAIG: Are you asking --
3 how is this witness supposed to
4 know what regulatory is relying on
5 if they tell her something?

6 MR. ROTH: Well, if it came
7 from legal and it has to do --

8 MS. BAIG: How does she know
9 that?

10 MR. ROTH: Then she can't
11 answer the question.

12 MS. BAIG: The objection
13 lacks foundation.

14 MR. ROTH: I guess she can't
15 answer the question.

16 MS. BAIG: Are you
17 instructing her not to answer the
18 question?

19 MR. ROTH: I'm instructing
20 her not to reveal legal advice
21 about why legal and regulatory
22 were opposed.

23 THE WITNESS: I'll just
24 confirm I have nothing additional

1 to add.

2 BY MS. BAIG:

3 Q. Okay. So you see the
4 sentence that says, Legal and regulatory
5 have been strongly opposed, plus the
6 cost/benefit very uncertain given the
7 complete lack of clinical data for
8 Kadian. Generating prescriber interest
9 in a Kadian program would be very
10 challenging, given what we are able to
11 talk about.

12 Was it your understanding
13 that generating prescriber interest in
14 Kadian was very challenging, given what
15 you were able to talk about at that time
16 in terms of marketing?

17 A. In terms of a speaker
18 program, I'm dealing with this in my
19 current job, it's very difficult to get
20 physicians to commit their personal time,
21 you know, away from their families, away
22 from their practice, you know, to come
23 out and listen to a speaker program in
24 general.

1 There has to be, you know,
2 some new news, some important
3 information, some educational need that
4 program is fulfilling to get them away
5 from their families or their practice or
6 that sort of thing.

7 So that's what that is
8 referring to.

9 Q. And a little further down,
10 it states, We are losing momentum here.

11 Is that -- is that a
12 reference to losing sales momentum with
13 Kadian?

14 A. I can't speak to -- I don't
15 know what was in the attachment that he's
16 referring to.

17 Q. And where it says, What can
18 we do to re-establish our script level
19 over 26,000 a week, is it your
20 understanding that that's a sales goal, a
21 sales target from a sales team?

22 A. It's my understanding that
23 at one point that was our script level,
24 and it is no longer, evidently.

1 Q. And the last line says, At
2 the end of the day, is this purely a
3 brute force direct detail item?

4 What's your understanding of
5 what that means?

6 A. I thought you were going to
7 ask me that, because I'm like, I don't
8 know what that means.

9 Perhaps referring to, is it
10 a sales force -- but I can't say for
11 certain what that means.

12 Q. All right.

13 MS. BAIG: Let's have this
14 next document marked as the next
15 in order, please. It's Bates
16 stamped Actavis 0319280 through
17 Actavis 0319282.

18 - - -

19 (Whereupon, Allergan-Altier
20 Exhibit-4, Actavis 0319280-9282,
21 was marked for identification.)

22 - - -

23 BY MS. BAIG:

24 Q. This is Exhibit-4. This is

1 an e-mail string between yourself and
2 Nathalie Leitch, the top of which is
3 dated February 23rd, 2012. It states,
4 Proposal for message/concept testing.

5 Do you see that?

6 A. Uh-huh. Yes, I'm sorry.

7 Q. And do you see on the first
8 page it lists a number of drugs?

9 A. Yes.

10 Q. Oxycodone; Oxycodone
11 Acetaminophen; Tapentadol, which is
12 Nucynta, it says in parenthesis;
13 oxymorphone; morphine sulfate; Oxycodone
14 Ibuprofen; codeine sulfate; and
15 hydromorphone.

16 Do you see that?

17 A. Uh-huh.

18 Q. And are those all Actavis
19 drugs?

20 MR. ROTH: Object to the
21 form.

22 THE WITNESS: I couldn't
23 comment if those are all Actavis
24 drugs or not.

1 BY MS. BAIG:

2 Q. You don't know whether those
3 are Actavis generic drugs?

4 A. I wasn't involved in
5 generics. I didn't know their product
6 line.

7 Q. Well, do you know if
8 hydromorphone was an Actavis drug?

9 A. I don't. They might have --

10 Q. Haven't we already talked
11 about hydromorphone?

12 A. No. Oxymorphone, I
13 thought -- Oxycodone, I thought we talked
14 about.

15 Q. Do you know if Oxycodone is
16 an Actavis drug?

17 MR. ROTH: Object to the
18 form. Asked and answered.

19 THE WITNESS: Yeah, I'll
20 just -- I'm not comfortable saying
21 what the generic pipeline looked
22 like.

23 BY MS. BAIG:

24 Q. But you did receive this

1 e-mail in your regular course of
2 business, right?

3 A. I understand these are
4 products. I don't know if they were
5 Actavis products.

6 Q. Are they products that
7 Actavis was tracking data for?

8 A. No.

9 Q. Do you see the first
10 sentence that says, According to the
11 three months of data that I have
12 received --

13 A. Uh-huh.

14 Q. -- 24 months data will be
15 available February 29th and including the
16 following product strength -- and then it
17 lists the drugs?

18 A. Uh-huh.

19 Q. And then it goes on to
20 state, The following specialty groups
21 account for 65 percent of prescriptions
22 for the above products.

23 A. Right.

24 Q. Do you see that?

1 A. Yes.

2 Q. So is it fair to say that
3 Actavis was tracking data for these
4 products?

5 MR. ROTH: And if you need
6 to look at the whole string.

7 THE WITNESS: Can I do -- I
8 don't know whether -- just give me
9 a second.

10 It appears we're trying to
11 determine what specialty groups
12 prescribe pain products in the
13 interest of market research.

14 BY MS. BAIG:

15 Q. And the specialty groups
16 identified as being high prescribers of
17 pain products are family practice,
18 internal medicine, anesthesiology,
19 emergency medicine and orthopedics,
20 correct?

21 A. That's what's listed in the
22 e-mail, yes.

23 Q. So is it your understanding
24 that Actavis was tracking data for these

1 products?

2 MR. ROTH: Object to the
3 form. Lacks foundation. Calls
4 for speculation.

5 THE WITNESS: Yeah, I can
6 only comment that the
7 information that is in this
8 e-mail, that it said that these
9 specialties prescribed the
10 majority of these products.

11 BY MS. BAIG:

12 Q. So they were at least
13 tracking -- somebody at Actavis was at
14 least tracking the data that is in this
15 e-mail?

16 A. Correct.

17 Q. All right. And do you see
18 the next paragraph, it states, If you
19 think we should cast the net even wider,
20 I would consider adding general surgeons
21 and PM&R to the mix, and even neurology,
22 OB/GYN, dentistry and plastic surgery.

23 Do you see that?

24 A. I do.

1 Q. And is this suggesting that
2 these practices ought to be targeted at
3 Actavis?

4 MR. ROTH: Object to the
5 form. Completely mischaracterizes
6 the document. You didn't read the
7 last sentence of the paragraph.

8 MS. BAIG: I'm going to
9 object to your speaking
10 objections.

11 MR. ROTH: How many
12 respondents will be involved?

13 MS. BAIG: You're making
14 speaking objections to coach the
15 witness. And if we need to get
16 the court on the line, then we
17 will do that.

18 But you're not able to do
19 that. You can object to the form.

20 MR. ROTH: I'm going to
21 object to form and say you're
22 mischaracterizing the document.

23 MS. BAIG: I'm just reading
24 the document.

1 MR. ROTH: And omitting the
2 last sentence of the same
3 paragraph.

4 MS. BAIG: You're coaching
5 the witness.

6 MR. ROTH: I am not coaching
7 the witness.

8 MS. BAIG: You are coaching
9 the witness. These are speaking
10 objections. And you're not
11 entitled to make them, per the
12 deposition protocol and the local
13 rules.

14 MR. ROTH: Ask your
15 question. I'll make my
16 objections.

17 MS. BAIG: I already asked
18 my question.

19 Can we go back to the
20 question, please?

21 BY MS. BAIG:

22 Q. Is this suggesting that
23 these practices ought to be targeted at
24 Actavis?

1 MR. ROTH: Objection to
2 form. Mischaracterizes the
3 document.

4 MS. BAIG: It doesn't
5 mischaracterize the document.

6 THE WITNESS: It does --

7 MS. BAIG: It's asking about
8 the document.

9 THE WITNESS: If I can
10 clarify.

11 It's not suggesting that we
12 are targeting these specialties,
13 it is suggesting that we reach out
14 to them for market research
15 activity.

16 BY MS. BAIG:

17 Q. Where does it say that?

18 A. That's what the whole thing
19 is about. Proposal for message/concept
20 testing. It's from a market research
21 vendor, Diane Donald, at Campbell
22 Alliance. She's asking what specialties
23 we want to talk to about our messaging
24 and concepts. And that's the response.

1 Q. And so did you do the
2 concept testing?

3 A. This was for MoxDuo. I know
4 we did market research for MoxDuo;
5 potentially, yes, we did, with this
6 vendor.

7 Q. And did you do any market
8 research for opioid drugs in these
9 general areas, to your knowledge?

10 MR. ROTH: Object to the
11 form.

12 BY MS. BAIG:

13 Q. Family practice, internal
14 medicine, anesthesiology, emergency
15 medicine and orthopedics.

16 A. I don't know who the
17 ultimate audience was. But the focus
18 would have been the messages and concepts
19 from MoxDuo, not those products.

20 Q. Did you do any market
21 research for opioid drugs in these
22 general areas, to your knowledge?

23 A. Which drugs are you
24 referring to?

1 Q. Any opioid drugs at Actavis.

2 MR. ROTH: Object to the

3 form. Vague.

4 THE WITNESS: Our market

5 research would have been focused

6 on Kadian and MoxDuo.

7 BY MS. BAIG:

8 Q. Those are the only two drugs
9 at Actavis, to your knowledge, for which
10 they did any market research?

11 A. Those were the only two we
12 were interested in.

13 Q. So the answer is?

14 A. I mean, to my recollection,
15 those were the only two that we initiated
16 any market research on.

17 Q. You didn't do any market
18 research for any of your generic drugs?

19 A. I wouldn't have been
20 involved in that.

21 Q. So you don't know the answer
22 to that?

23 A. Right. Correct.

24 Q. And do you see here in the

1 next paragraph, second-to-last paragraph,
2 it states, again, Targeting high-volume
3 prescribers of opioids?

4 A. Which paragraph?

5 Q. Second-to-last.

6 A. Intern -- oh, I think --
7 yes.

8 MR. ROTH: Object to the
9 form.

10 THE WITNESS: I see the
11 sentence, I think we should
12 absolutely include PCPs who are
13 high-volume prescribers of opioids
14 for the market research
15 initiative.

16 BY MS. BAIG:

17 Q. It doesn't say for the
18 market research initiative, does it?

19 A. No. But that's what we're
20 talking about in this message.

21 Q. Do you see the last sentence
22 there that says, Let's set the inclusion
23 criteria aggressively in terms of opioid
24 prescriptions written per month?

1 A. Yes.

2 Q. And what is that referring
3 to, to your understanding?

4 A. That's just good market
5 research. We would want physicians
6 involved in market research activity that
7 actually prescribe the products, not, you
8 know, a family practice that didn't
9 prescribe the products.

10 Q. That are high-volume
11 prescribers, correct?

12 A. Sure. I mean, market
13 research is blinded. The company wasn't
14 involved, so --

15 Q. Who did your market
16 research?

17 A. Campbell Alliance. Market
18 research is always a third-party
19 activity.

20 Q. Do you know whether Campbell
21 Alliance did your market research for
22 opioid drugs?

23 A. If they did this project,
24 they did.

1 Q. Do you know whether Campbell
2 Alliance did any market research for any
3 other opioid drugs other than MoxDuo?

4 A. I don't.

5 MS. BAIG: Let's have the
6 next document marked as Exhibit-5.

7 - - -

8 (Whereupon, Allergan-Altier
9 Exhibit-5, Actavis 0300588, was
10 marked for identification.)

11 - - -

12 MS. BAIG: It's Bates
13 stamped Actavis 0300588.

14 BY MS. BAIG:

15 Q. This is an e-mail string
16 dated April 27th, 2012, from you to Joe
17 Stoffer and Lisa Miller.

18 Do you see that?

19 A. I do.

20 Q. And did you receive this
21 document in the regular course of your
22 business at Actavis?

23 A. Yes, I did.

24 Q. And who is Joe Stoffer?

1 A. He was a consultant we
2 brought on. I don't even recall his
3 role. I believe -- I can't even remember
4 who knew him or who brought him into the
5 organization.

6 Q. Do you know who he worked
7 for?

8 A. No. I mean --

9 Q. Do you know what capacity he
10 worked at Actavis?

11 A. It was for a very short
12 time. I mean, he advised us, obviously.
13 He -- it appears he knew people at pain
14 societies.

15 Q. Was he a lobbyist?

16 A. No.

17 Q. He just knew people at pain
18 societies?

19 A. At the medical associations.

20 Q. Like the American Pain
21 Foundation?

22 A. Correct.

23 Q. Why would you need to bring
24 somebody in as a consultant who knew

1 people at the American Pain Foundation?

2 A. I don't believe that was the
3 only reason we did. But as I'm reading
4 this, you know, I'm curious if he had
5 contacts there that could facilitate an
6 introduction for us.

7 You know, as of April 2012,
8 we had not had any dealings with them.

9 Q. Meaning you had not had any
10 dealings with them?

11 MR. ROTH: Object to the
12 form.

13 THE WITNESS: I personally
14 had not. And I believe the
15 organization did not either.

16 BY MS. BAIG:

17 Q. How do you know that?

18 A. Because we were trying to
19 reach them, and no one in the
20 organization knew them.

21 Q. But you don't have a way of
22 knowing whether or not the organization
23 had contributed to funding to them, or do
24 you? Do you know the answer to that?

1 A. To my knowledge, we had not.

2 Q. And do you see that there
3 is -- so Joe Stoffer, you brought in, in
4 order to help you because he had
5 connections at the American Pain
6 Foundation; is that right?

7 MR. ROTH: Objection to
8 form.

9 THE WITNESS: This is --
10 BY MS. BAIG:

11 Q. Why did you bring Joe
12 Stoffer in?

13 A. I have no -- I honestly
14 can't remember. I believe our time with
15 him was very limited. You know, here he
16 is in April; we got the complete response
17 in June; he probably worked with us for a
18 month or two. And --

19 Q. You got what complete
20 response?

21 A. For MoxDuo.

22 Q. The complete response from
23 the FDA?

24 A. Yes.

1 Q. So what was it that you
2 needed to work with the American Pain
3 Foundation on before getting the complete
4 response?

5 A. These were the meetings I
6 alluded to before, that we had some
7 initial meetings with some medical
8 associations, you know, to initiate
9 relationships.

10 But then we got the complete
11 response letter, and we didn't move
12 forward with anything.

13 Q. And do you see down at the
14 bottom of the document it references
15 American Pain Society?

16 A. Uh-huh.

17 Q. Who was the American Pain
18 Society contact referenced here, do you
19 know?

20 A. I don't know who the contact
21 person was.

22 Q. Do you recall anybody at
23 American Pain Society that Actavis was
24 dealing with?

1 A. I don't. Our dealings were
2 so minimal.

3 Q. And who is Kathy Chissia?

4 A. It must have been someone
5 that Joe knew.

6 Q. Who would have had contacts
7 at the American Pain Society?

8 A. Presumably.

9 Q. Do you remember anything
10 about your communications with the
11 American Pain -- with either one of those
12 organizations that you haven't already
13 told me?

14 A. No.

15 Q. Was Stoffer a frequent
16 presenter at American Pain Society, do
17 you know?

18 MR. ROTH: Objection to
19 form. Lacks foundation.

20 THE WITNESS: I can't even
21 remember who he is, so I don't
22 know.

23 BY MS. BAIG:

24 Q. Is there anybody at Actavis

1 that had more communications with Joe
2 Stoffer than you would have?

3 A. I wish I could remember.
4 I'm sorry.

5 Q. If you wanted to know, who
6 would you ask at Actavis?

7 A. That's a great question. I
8 can't remember who even knew him to bring
9 him in.

10 Q. At your tenure at Actavis,
11 did you have any communications with the
12 Healthcare Distributor Association?

13 A. I'm not even sure I know who
14 that is. Had, Healthcare --

15 Q. Had.

16 A. No, I'm not familiar with
17 that.

18 Q. It was formerly known as
19 Healthcare Distribution Management
20 Association.

21 A. HDMA, that doesn't sound
22 familiar either.

23 Q. Formerly National Wholesale
24 Drug Association?

1 A. National Wholesale Drug --
2 no.

3 Q. How about had Research
4 Foundation?

5 A. No.

6 Q. Center for Healthcare Supply
7 Chain Research?

8 A. No.

9 Q. The National Association for
10 Chain Drugstores?

11 A. I've heard of it. I don't
12 believe we had -- or I had any contact
13 with them.

14 Q. Anybody from your division
15 have contact with them?

16 A. Not that I'm aware of.

17 Q. How about the Federation of
18 State Medical Boards?

19 A. No.

20 Q. The Alliance for Patient
21 Access?

22 A. No.

23 Q. Are you aware of these
24 organizations?

1 A. Not the last few you
2 mentioned.

3 Q. You have not heard of them
4 at all?

5 A. The Alliance of -- no.

6 Q. The U.S. Pain Foundation?

7 A. The U.S. Pain Foundation,
8 that one does not ring a bell.

9 Q. Have you heard of the
10 American Geriatric Society?

11 A. Yes.

12 Q. And have you had
13 communications with them?

14 A. Related to my job at
15 Pharmacia with the Cox-2s but not related
16 to anything at Actavis.

17 Q. Okay. Are you aware of any
18 communications between Actavis and the
19 American Geriatric Society?

20 A. I'm not.

21 Q. Are you aware of any
22 communications between Actavis and
23 Pharmaceutical Research and Manufacturers
24 of America?

1 A. If I'm thinking of the right
2 organization, I believe we were probably
3 a member of it.

4 Q. That's the organization
5 called PhRMA, P-H-R-M-A?

6 A. Yes.

7 Q. And as a member of PhRMA,
8 P-H-R-M-A, did you attend -- did you
9 attend any meetings as a member of PhRMA?

10 A. No. We just followed their
11 guidelines.

12 Q. Do you remember
13 communicating with anybody from PhRMA?

14 A. I personally didn't.

15 Q. Are you aware of anybody at
16 Actavis communicating with PhRMA?

17 A. I'm sure Actavis had a
18 communication with PhRMA, but I don't
19 know who that would have been.

20 Q. Do you know what department
21 that would have been?

22 A. It probably would have been
23 as high as Doug.

24 Q. Doug Boothe?

1 A. Yes.

2 Q. Are you familiar with an
3 organization called the Pain Care Forum?

4 A. I don't believe so.

5 Q. How about The Cares
6 Alliance?

7 A. No, it doesn't sound
8 familiar.

9 Q. The Chronic Pain Association
10 of America?

11 A. Also not familiar.

12 Q. How about The Center for
13 Practical Bioethics?

14 A. No. Sorry.

15 Q. And how about an
16 organization called STATS?

17 A. No.

18 Q. Never heard of them?

19 A. I don't know what that
20 stands for.

21 MR. ROTH: It's a sports
22 statistics.

23 BY MS. BAIG:

24 Q. STATS, S-T-A-T-S.

1 Never heard of them?

2 A. No.

3 MS. BAIG: Let's have this
4 next document be attached as
5 Exhibit-6.

6 - - -

7 (Whereupon, Allergan-Altier
8 Exhibit-6, Actavis 431150-1182,
9 was marked for identification.)

10 - - -

11 MS. BAIG: It's Bates
12 stamped Actavis 431150 to 431182.

13 BY MS. BAIG:

14 Q. It starts as an e-mail
15 string from you to Kelly Gibbs, Steven
16 Rothschild and Andrea Owen. And it's
17 dated June 5th, 2012.

18 Can you tell me who Kelly
19 Gibbs is?

20 A. I believe all three of them
21 worked at the advertising agency we were
22 using for MoxDuo.

23 Q. What advertising agency was
24 that?

1 A. That's a great question. I
2 was hoping their e-mail addresses would
3 be on there, so I would remember the
4 name.

5 Q. Was it Genesis Associates?

6 A. No. They were not an
7 advertising agency. They conducted the
8 advisory board.

9 Q. What is Genesis Associates?

10 A. A group that ran the
11 advisory board, the company.

12 Q. It's a company that --

13 A. Facilitated the advisory
14 board for us, recruited the physicians,
15 did all that.

16 Q. And do you see the
17 transcript that's attached here?

18 A. I do.

19 Q. And it appears to be the
20 transcript -- or at least a portion of
21 the transcript from an advisory board on
22 MoxDuo; is that right?

23 A. I'll check the date.

24 The date would line up, yes.

1 Q. And if you page through, and
2 I might be able to give you a specific
3 page, does this reflect -- refresh your
4 recollection that Dr. Perry Fine was a
5 member of this advisory board?

6 A. I see on the first page of
7 the transcript, at the bottom, he's
8 quoted. So he was there.

9 Q. And who would have selected
10 Dr. Fine to be a member of the advisory
11 board?

12 A. Genesis Associates.

13 Q. And who would have
14 communicated to Genesis about what -- the
15 needs of the advisory board?

16 A. The objectives? That would
17 have been us.

18 Q. That would have been you?

19 A. Uh-huh.

20 Q. And so did you communicate
21 with Genesis regarding the needs of this
22 advisory board?

23 A. I imagine I did, yes.

24 Q. And what would you have told

1 them?

2 A. I don't recall what the
3 objectives were.

4 Q. And would they have provided
5 you a list of the physicians that were
6 going to participate before the advisory
7 board?

8 A. Yes. I would have known who
9 was attending prior to .

10 Q. And you attended the
11 advisory board as well, correct?

12 A. I did.

13 Q. And was one of the issues
14 during this advisory board whether or not
15 to -- to target the chronic pain market
16 for MoxDuo?

17 MR. ROTH: Object to the
18 form.

19 THE WITNESS: I don't
20 recall.

21 BY MS. BAIG:

22 Q. Well, what's your
23 understanding of why this advisory board
24 was set up?

1 A. I remember, from my
2 standpoint, we were, I believe,
3 presenting creative concepts and messages
4 that we were going to use in promotion.
5 And we were getting feedback based on
6 those.

7 Q. And Perry, Dr. Perry Fine
8 participated, correct?

9 A. He did.

10 Q. As did Dr. Long, Dr. Hertz,
11 Dr. Orth, Dr. Kahana; is that right?

12 A. I don't know. Where do you
13 see those names?

14 Q. In the first several pages.

15 A. Yes, they are all listed
16 there.

17 Q. If you turn to the page
18 Bates stamped Actavis 431156.

19 And it appears towards the
20 bottom that you're talking about how to
21 promote MoxDuo; is that right?

22 MR. ROTH: Object to form.

23 THE WITNESS: Dr. Kahana is
24 making a statement, uh-huh.

1 BY MS. BAIG:

2 Q. And do you see where it
3 states, four lines from the bottom, So
4 the question is how to promote this
5 without asking, what is the better way to
6 do it? And the answer is simple. Just
7 do what Purdue did, is go out to primary
8 care and infect them.

9 Do you see that?

10 A. I do.

11 Q. And do you see the next
12 sentence says, And if you have a couple
13 of centers of orthopedic surgeons,
14 plastic surgeons, transexual surgeons and
15 all of the rest, then you can work with
16 these selective groups and do that as
17 part of the projects.

18 Do you see that?

19 A. I do.

20 Q. And then do you see a little
21 further down, there's a statement by Dr.
22 Kahana?

23 A. Uh-huh.

24 Q. A continued statement by Dr.

1 Kahana?

2 A. Uh-huh. Yes, sorry.

3 Q. And it states that, Now the
4 reality is that medicine is practiced in
5 the United States by primary care and
6 that's what carries weight. And even
7 though specialty care may make more money
8 and think they have more clout and think
9 they have more influence in this, at the
10 end of the day, in terms of the weight of
11 the impact that they have on the
12 healthcare system, it goes back to
13 primary care. So if you want to make a
14 big boom and a splash in sales and all
15 that, go to the source.

16 Do you see that?

17 A. Yes.

18 Q. Okay. And so is your
19 understanding of what Dr. Kahana is
20 suggesting that you go to primary care in
21 order to promote MoxDuo?

22 MR. ROTH: Object to the
23 form.

24 THE WITNESS: That's what he

1 seems to be recommending. And I
2 don't know that we would have done
3 that or not. It's all sort of
4 hypothetical, since MoxDuo was
5 never launched.

6 BY MS. BAIG:

7 Q. I understand that.

8 It wasn't launched because
9 the FDA said it was too dangerous, right?

10 MR. ROTH: Object to the
11 form.

12 THE WITNESS: I don't know
13 what was in the complete response
14 letter. I don't think they made a
15 comment like it was too dangerous.
16 I think they needed more
17 information.

18 BY MS. BAIG:

19 Q. You don't know whether or
20 not -- do you know whether the FDA made a
21 comment that the risks outweighed the
22 benefits?

23 A. I don't know if that was in
24 there.

1 Q. Okay. But you also don't
2 know whether it was just rejected because
3 they needed more information?

4 A. Right. It's all --

5 Q. You don't know why it was
6 rejected?

7 A. Right. It's all kind of a
8 moot point.

9 Q. Okay. So can you turn to
10 Page Actavis 0431166?

11 A. Uh-huh.

12 Q. Actually, let's turn a few
13 pages later, to 431169.

14 And you see at the top
15 there's a comment, which is a continued
16 comment of Dr. Barrett -- sorry, of Dr.
17 Fine and he states, at the top of Page
18 431169, I think that one of the biggest
19 complaints, and this is from the people
20 who are really saber rattling about
21 opioids in any setting, is that there has
22 been an apparent, in their word, in their
23 point of view, an apparent effort to
24 soft-sell the harms associated with

1 opioids and oversell the benefits.

2 Do you see that?

3 A. I do.

4 Q. Do you remember there being
5 discussions at Actavis about this
6 so-called saber rattling?

7 MR. ROTH: Object to the
8 form. Lacks foundation.

9 THE WITNESS: Actually, when
10 you read that I wasn't even sure
11 what that meant, saber rattling.

12 BY MS. BAIG:

13 Q. So you don't recall any
14 discussions or --

15 A. Not about that term, no.

16 Q. And do you see, several
17 lines down, there's a comment by Dr. Long
18 stating that in the -- that in the
19 proposed materials for MoxDuo, it states,
20 You don't mention anything about
21 dependency or addiction potential.

22 Do you see that?

23 A. I do.

24 Q. Do you remember there being

1 disagreement in this session about how to
2 move forward with marketing should the
3 drug get approved?

4 MR. ROTH: Object to the
5 form.

6 THE WITNESS: I remember
7 there being conversation. And I'm
8 sure there were differing
9 opinions.

10 BY MS. BAIG:

11 Q. Did you ever have occasion
12 to communicate with pharmacies about the
13 marketing of any opioids?

14 A. Myself personally, I don't
15 recall speaking with any pharmacies.

16 Q. How about your -- are you
17 aware of Actavis, any Actavis people,
18 speaking with pharmacies about promoting
19 opioids?

20 A. In what context?

21 Q. In any context.

22 A. I mean, I know our
23 representatives made pharmacy calls to
24 make sure the products were on the

1 shelves. And I'm sure our trade group
2 had corporate relationships with
3 pharmacies.

4 Q. So that would be your sales
5 representatives who are making the calls
6 to the pharmacies?

7 A. To the retail pharmacies,
8 the stores, like, you know, Walgreens
9 down the street, yes, those would be our
10 sales reps.

11 Q. And did you have scripts for
12 what the sales reps were supposed to be
13 saying to the pharmacies when they called
14 them?

15 A. It would be the same
16 training they received to speak to
17 physicians, all healthcare professionals.

18 Q. Were there actual scripts?

19 A. No.

20 Q. Do you recall that sales
21 staff had to reach out to pharmacies to
22 encourage them to stock new dosages of
23 Kadian at some point?

24 MR. ROTH: Object to the

1 form.

2 THE WITNESS: I don't
3 recall. I mean, sales
4 representatives wouldn't encourage
5 the -- the pharmacist is going to
6 do what they want to do.

7 The sales representative
8 would just check to make sure, you
9 know, that the product was on the
10 shelf, they didn't have any
11 problems with ordering, that sort
12 of thing.

13 BY MS. BAIG:

14 Q. They wouldn't encourage it?

15 A. I don't know how they would.

16 I don't know why the pharmacist would
17 listen to a sales rep telling them what
18 to order.

19 Q. Well, who gave the direction
20 to the sales reps to call the pharmacies?

21 A. To call on the pharmacies?

22 Q. Yes.

23 A. That was in their sales call
24 plan.

1 Q. And where are those sales
2 call plans?

3 A. Their target lists? I don't
4 know.

5 Q. So it would be the
6 pharmacist that would be on their target
7 list, is that it?

8 A. I don't -- again, sales
9 management would know better. I don't
10 think they were assigned certain
11 pharmacies. But, you know, any good
12 sales representative, for any company,
13 wants to make sure the pharmacies in
14 their area are well stocked with their
15 product.

16 Q. And who trained the sales
17 reps on what to say to the pharmacies
18 when they got there?

19 A. I guess that would have been
20 part of their initial training.

21 I guess I'm uncomfortable
22 talking about this, because I wasn't
23 involved in the sales training.

24 Q. I'm not sure I understand

1 your answer.

2 I think you said it both
3 ways. Did you say I would have been
4 involved and then you weren't involved?

5 A. No. I said I'm
6 uncomfortable commenting on who would
7 have said it, because I don't know. I
8 never attended a sales training. I never
9 went through sales training. I don't
10 know who delivered those messages.

11 Q. You didn't train any of the
12 sales reps?

13 A. Just on marketing materials
14 only.

15 Q. You didn't train any of the
16 sales reps as to anything that they were
17 supposed to talk to the pharmacists
18 about?

19 A. Not specifically. I just --
20 I would train them on the marketing
21 materials that they could use with any
22 healthcare professional.

23 Q. And were you the actual
24 person running the training sessions?

1 A. I don't know that I ran
2 them. I participated in them.

3 Q. How many -- well, was there
4 somebody more senior to you also
5 participating in them?

6 MR. ROTH: Object to the
7 form.

8 THE WITNESS: I was going to
9 say, I'm the only person in the
10 marketing --

11 BY MS. BAIG:

12 Q. Who else --

13 A. -- department, so.

14 Q. Who else would attend?

15 A. Their sales manager would
16 have been there.

17 Q. The sales managers from
18 inVentiv?

19 A. Uh-huh.

20 Q. And you.

21 And anybody else from
22 Actavis, or just you?

23 A. I don't recall.

24 Q. So you were involved in

1 their sales training, then, correct?

2 MR. ROTH: Objection. Asked
3 and answered.

4 MS. BAIG: It's been
5 answered both ways. I just need
6 clarification.

7 MR. ROTH: That's fine.

8 THE WITNESS: Sure. I'm
9 actually trying to envision a
10 sales training, and I can't.

11 So my best recollection is
12 that it would be a typical
13 marketing function, I would
14 present the marketing materials
15 that they were to use in their
16 sales promotion.

17 BY MS. BAIG:

18 Q. And would you be the person
19 to tell them what they can and cannot
20 say?

21 MR. ROTH: Object to the
22 form.

23 THE WITNESS: There would be
24 compliance training. There would

1 be a lot of other trainings that
2 they would go through that would
3 explain what they can and cannot
4 say.

5 As an extension of that, I
6 would provide them with the detail
7 pieces and say that they were to
8 say these messages that were in
9 the approved detail pieces.

10 BY MS. BAIG:

11 Q. Okay. Who, other than
12 you -- who, in addition to you, would
13 provide sales reps with information about
14 what they can and cannot say to their
15 targets?

16 A. That would probably be --
17 the inVentiv team would have to answer
18 that.

19 Q. InVentiv would answer that?

20 A. Uh-huh.

21 Q. How would inVentiv know how
22 to answer that, because you had told
23 them?

24 A. No. InVentiv could answer

1 that question. They were inVentiv
2 employees. And however they coordinated
3 the compliance training and all that, I'm
4 just not familiar with it.

5 Q. Right. How does inVentiv
6 know what to tell sales reps from
7 Actavis? Does inVentiv get its
8 information from Actavis? Right?

9 MR. ROTH: Objection. Lacks
10 foundation. Calls for
11 speculation.

12 THE WITNESS: Yeah, I
13 guess --

14 BY MS. BAIG:

15 Q. Is that correct or not?

16 A. No. I'm telling you all I
17 know. I don't know what the process was,
18 you know, because it started before I got
19 there.

20 So somewhere along the line,
21 Actavis and inVentiv met and determined
22 who was going to do what. I don't know
23 who did what.

24 Q. When you were there --

1 A. I came in, I gave my
2 marketing presentation, and I left. So I
3 don't know.

4 Q. When you were there, did you
5 have communications with inVentiv about
6 what should be told to the sales reps
7 about how they should be talking to
8 prescribers about opioids?

9 MR. ROTH: Object to the
10 form.

11 THE WITNESS: Only as it
12 pertained to the promotional
13 pieces I was presenting.

14 BY MS. BAIG:

15 Q. Right. As to the
16 promotional pieces, it was your job to
17 talk to inVentiv about the promotional
18 pieces that the sales force could then go
19 out to prescribers and talk about; is
20 that right?

21 A. I guess -- I'm drawing -- I
22 would train a sales representative; I
23 didn't train inVentiv, the company. So I
24 trained our sales representatives.

1 InVentiv is a massive
2 company with many, many people. So I
3 just want to make sure -- I'm not talking
4 to inVentiv management. I'm talking to
5 the sales reps who served on behalf of
6 Actavis.

7 Q. So it would be you in a
8 room -- in a room with a group of sales
9 reps?

10 A. Right.

11 Q. Communicating to them what
12 the promotional message was?

13 A. Correct.

14 Q. Okay. So it's not inVentiv
15 or somebody from inVentiv that is
16 communicating to the sales reps what the
17 promotional message is, it's you that's
18 communicating to the sales rep what the
19 promotional message is; is that correct?

20 MR. ROTH: Objection to the
21 form.

22 THE WITNESS: Yes.

23 BY MS. BAIG:

24 Q. Okay. And would you

1 communicate to the sales staff that they
2 should offer pharmacies, retail
3 pharmacies stocking incentives?

4 MR. ROTH: Object to the
5 form.

6 THE WITNESS: That wasn't my
7 area.

8 BY MS. BAIG:

9 Q. That wasn't your area?

10 A. No. And I don't believe we
11 had any stocking incentives. That's --
12 if I'm thinking of the right thing,
13 that's usually associated with a launch
14 product, and we were at the end of our
15 lifecycle. We didn't do any pharmacy
16 promotions.

17 Q. Well, how about the new
18 Kadian strengths?

19 A. At the end. I believe, if
20 my timeline is right, they were launched
21 about the time Watson was coming in. So
22 they were launched, and we didn't really
23 do much with them.

24 Q. Were they launched because

1 the existing Kadian strengths were moving
2 to generic?

3 A. I believe so, yes.

4 Q. And so were there incentives
5 that were offered to retail pharmacies to
6 incentivize them to offer the new
7 additional strengths of Kadian?

8 A. I don't --

9 MR. ROTH: Object to the
10 form.

11 THE WITNESS: Sorry.

12 I don't know. That would
13 have been handled by trade.

14 BY MS. BAIG:

15 Q. By trade?

16 A. Uh-huh.

17 Q. What is trade?

18 A. Trade, I believe his name
19 was Ara Aprahamian.

20 MS. BAIG: Can we mark this
21 document Exhibit-10 -- I mean it's
22 Tab 10. Exhibit-7, please. Bates
23 stamp Actavis 255710 through
24 255713.

1 - - -

2 (Whereupon, Allergan-Altier
3 Exhibit-7, Actavis 255710-5713,
4 was marked for identification.)

5 - - -

6 MS. PERSIO: For those of us
7 on the phone, if you're not
8 reading the full Bates stamp,
9 Could you please read the full
10 Bates stamp?

11 MS. BAIG: It's -- I think
12 I'm reading the full Bates stamp.
13 Actavis 0255710 to Actavis
14 0255713.

15 MS. PERSIO: And that has
16 all the zeros?

17 MS. BAIG: It does.

18 MS. PERSIO: Okay. Thank
19 you.

20 BY MS. BAIG:

21 Q. On the first page, do you
22 see there's an e-mail, halfway down, from
23 you to Tom and Kristin?

24 A. Correct.

1 Q. Who is Tom and Kristin?

2 A. They worked at our

3 advertising agency for Kadian.

4 Q. Do you see that you're
5 telling them, We have an urgent need for
6 a tactic announcing our offering of new
7 strengths of Kadian?

8 A. I do.

9 Q. Does this refresh your
10 recollection about this process a little
11 bit?

12 A. Not really. Do I have time
13 to read through the e-mail?

14 Q. Sure.

15 A. So this was from Mara.

16 Q. Do you see halfway down on
17 the second page, it says, Retail pharmacy
18 stocking incentives?

19 A. Sorry, on the second page?

20 Yes.

21 Q. Does that refresh your
22 recollection that Actavis was offering
23 retail pharmacies stocking incentives for
24 new strengths for Kadian?

1 MR. ROTH: Object to the
2 form.

3 BY MS. BAIG:

4 Q. Or new dosages for Kadian?

5 A. Only to the extent it's
6 listed here. I don't remember any more
7 information about the incentives.

8 Q. You don't remember anything
9 else about it?

10 A. No.

11 Q. Do you remember that there
12 were flyers that were created to leave
13 with the pharmacies announcing the new
14 strengths of Kadian?

15 A. I don't know -- let's see.
16 It says, The PDF will be e-mailed to
17 wholesalers.

18 Q. Do you recall whether or not
19 Actavis reached out to pharmacies with
20 respect to any of its generic opioids?

21 MR. ROTH: Object to the
22 form.

23 THE WITNESS: I don't --

24 MR. ROTH: Lacks foundation.

1 Calls for speculation.

2 THE WITNESS: I wouldn't
3 really have been involved in
4 generics.

5 MS. BAIG: It can't really
6 lack foundation if I ask her, do
7 you know.

8 BY MS. BAIG:

9 Q. Go ahead.

10 A. I wouldn't have been
11 involved in most of the generic stuff, so
12 no.

13 Q. You didn't have any
14 involvement in any generic stuff?

15 A. I don't want to say I didn't
16 have any involvement in anything, just in
17 case, again, something comes up. But
18 that was not my role in the company.

19 Q. Do you know who ValueCentric
20 is?

21 A. No. Is it on the e-mail?

22 Q. No, it's not.

23 A. Oh, okay.

24 No, sorry.

1 Q. You've never heard of
2 ValueCentric pharmacy data?

3 A. ValueCentric pharmacy data.
4 What kind of data does it
5 provide?

6 Q. I don't know. I'm asking
7 you.

8 A. Oh, sorry. ValueTrak rings
9 a bell. Is that the same thing?

10 Q. I see -- or I think I've
11 seen a reference to ValueCentric
12 unblinding pharmacy data.

13 Do you know what that refers
14 to?

15 A. I don't. I'm sorry.

16 Q. All right.

17 MS. BAIG: Let's attach this
18 document as Exhibit-8, please.

19 - - -

20 (Whereupon, Allergan-Altier
21 Exhibit-8, Actavis 0252398-2421,
22 was marked for identification.)

23 - - -

24 MS. BAIG: The document is

1 Bates stamped Actavis 0252398

2 through Actavis 0252421.

3 BY MS. BAIG:

4 Q. And it appears to be a long
5 e-mail string with an attachment. And
6 the top e-mail is dated August 20th, 2012
7 and it's from Jennifer Altier, and the
8 subject is ValueCentric pharmacy data.

9 Do you see that?

10 A. Are you asking me?

11 Q. Yes.

12 A. I thought you were talking
13 to the people on the phone.

14 Yes. I'm looking through
15 it.

16 Q. Do you see the first
17 sentence of the first page says -- from
18 you, states, Please find below the quote
19 from ValueCentric to unblind the pharmacy
20 data for all 12 SKUs of Kadian. I think
21 the cost (\$10,000 setup fee and \$4,000
22 per month for unblinding the pharmacy
23 data) is well worth it for the ABMs to
24 know which pharmacies are stocking the

1 new strengths (as well as the current
2 strengths).

3 Do you see that?

4 A. I do.

5 Q. So did Actavis actually pay
6 ValueCentric for this unblinding of
7 pharmacy data?

8 A. I don't recall. I'm
9 flipping through this here. This is
10 ValueTrak data, so that is what I
11 remembered.

12 Q. You referred to it as
13 ValueTrak, even though it's called
14 ValueCentric on this particular e-mail?

15 A. ValueCentric is the company
16 and ValueTrak is the product.

17 Q. Got it.

18 A. According to this.

19 Q. Do you see the second
20 paragraph says, ValueCentric is drafting
21 the amendment to our contract now.

22 A. Uh-huh.

23 Q. Does that refresh your
24 recollection that Actavis did actually

1 have a contract with ValueCentric?

2 MR. ROTH: Object to the
3 form.

4 THE WITNESS: They may have,
5 and I may have not been involved
6 in the data that they received.

7 BY MS. BAIG:

8 Q. Do you understand what's
9 referred to as the unblinding of pharmacy
10 data for all 12 SKUs of Kadian?

11 A. I believe what it means is
12 instead of us just seeing that -- I
13 believe it would identify what pharmacies
14 were stocking the products by name.

15 Q. And that would be used,
16 then, for your sales reps to target
17 certain pharmacies?

18 A. I think it would be more
19 used for -- if they were educating a
20 physician about the new strengths, they
21 could say, you know, local pharmacies
22 have it in stock. Because that's always
23 a concern with physicians, they don't
24 want to write a product if the patient

1 isn't going to be able to fill the
2 prescription.

3 Q. Can you turn to Actavis
4 0252421? I think it's the last page.

5 And there's a market
6 visibility console example.

7 A. I'm sorry, on the slides?

8 Q. Yes.

9 A. Yes. Okay.

10 Q. What is this? Do you have
11 an understanding of what this is?

12 A. It looks like, if we
13 purchased the console product, if I'm --
14 I don't know what the console is. It
15 looks like a dashboard they could
16 provide.

17 Q. To show what?

18 A. To show the --

19 MR. ROTH: Object to the
20 form. Lacks foundation. Calls
21 for speculation.

22 THE WITNESS: To show the
23 information that's presented in
24 the page.

1 BY MS. BAIG:

2 Q. Market penetration?

3 A. Yes.

4 Q. And it could show you this
5 information for the top 1 percent of
6 stores?

7 MR. ROTH: Object to the
8 form. Lacks foundation. Calls
9 for speculation.

10 BY MS. BAIG:

11 Q. It's the middle, second row
12 box. Including Walgreens, Connecticut
13 CVS pharmacy.

14 A. Yeah, I don't --

15 MS. RANJAN: Object to the
16 form.

17 THE WITNESS: This is an
18 example of dummy data. I don't
19 know what they would have actually
20 presented.

21 BY MS. BAIG:

22 Q. You never saw any reports
23 like this from ValueCentric before?

24 A. It looks pretty slick. I

1 don't recall this.

2 MS. BAIG: Let's have the
3 next document marked as Exhibit-9.
4 It's a document that's Bates
5 stamped Actavis 0389758 to
6 0389800.

7 - - -

8 (Whereupon, Allergan-Altier
9 Exhibit-9, Actavis 0389758-9800,
10 was marked for identification.)

11 - - -

12 BY MS. BAIG:

13 Q. It's an e-mail. It begins
14 as an e-mail string from you to Lisa
15 Miller, subject is, presentations and
16 objection handler.

17 A. Yes.

18 Q. And then it says, NSM
19 objection handling tool.

20 NSM is national sales
21 meeting, correct?

22 A. Correct.

23 Q. So was this an objection
24 handling tool that you handed out to all

1 the sales reps at the national sales
2 meeting?

3 A. Yes, I believe so.

4 Q. And this was supposed to
5 train the sales reps as to what it was
6 that they were supposed to talk to
7 pharmacies about; is that right?

8 MR. ROTH: Objection to
9 form.

10 THE WITNESS: I don't
11 believe it was focused on
12 pharmacists. It would probably be
13 focused on healthcare
14 professionals.

15 BY MS. BAIG:

16 Q. So this was to train the
17 sales reps with respect to all healthcare
18 professionals, not just pharmacies?

19 A. Uh-huh.

20 Q. Okay.

21 A. Yes.

22 Q. And if you turn to the
23 PowerPoint, Page 3 of the PowerPoint --
24 well, Page 1 of the PowerPoint has a

1 heading that says, Kadian marketing
2 update, with your name, Jennifer Altier.

3 A. That's not what mine says.

4 Q. And then September 13th,
5 2012.

6 A. Mine says --

7 Q. It's Bates stamped Actavis
8 0389769.

9 A. Mine says something
10 different.

11 MR. ROTH: We're looking at
12 a different PowerPoint. Mine,
13 too.

14 THE WITNESS: Mine says, New
15 strengths launched.

16 MR. ROTH: I think they are
17 different presentations.

18 MS. BAIG: What Bates stamp
19 number are you looking at?

20 MR. ROTH: 389763.

21 MS. BAIG: No, I'm on
22 389769.

23 - - -

24 (Whereupon, a discussion off

1 the record occurred.)

2 - - -

3 BY MS. BAIG:

4 Q. It says, Marketing update,
5 your name, Jennifer Altier, and then
6 September 13th, 2012, correct?

7 A. Correct.

8 Q. Did you draft this document?

9 A. I believe so.

10 Q. And you provided this
11 document to sales reps; is that right?

12 A. I did. I presented the
13 information in it.

14 Q. And the prior document that
15 you were on, that I skipped over,
16 entitled, Kadian new strengths launch,
17 also has your name on it, Jennifer Altier
18 and dated September 13th, 2012, correct?

19 A. Correct.

20 Q. And did you draft that
21 document as well?

22 A. I believe so.

23 Q. Okay. And you presented it
24 to sales reps at the national sales

1 meeting?

2 A. I believe so.

3 Q. Okay. And do you see on

4 Page 3 of the second document, which is

5 Actavis 0389771 --

6 A. Yes.

7 Q. -- you have market research

8 feedback?

9 Do you see that?

10 A. I do.

11 Q. And is this market research

12 feedback with respect to Kadian, correct?

13 A. Correct.

14 Q. So what market -- market

15 research feedback was done with respect

16 to Kadian that informed this slide?

17 A. I don't know, because the

18 other one we looked at was from MoxDuo.

19 So I don't know the background for this

20 one, or I can't recall the background for

21 this one.

22 But it seems that, based on

23 my headline, we did a recent market

24 research survey, called-on physicians, so

1 these are physicians the reps were
2 calling on; and these are the perceptions
3 of our product, Kadian, that were listed
4 back to us.

5 So I assume the question
6 was, you know, what are your perceptions
7 of Kadian? And these were the attributes
8 that were listed.

9 Q. And who conducted that
10 market research survey?

11 A. That, I don't know.

12 Q. How did you get the
13 information?

14 A. I knew at the time. I can't
15 tell you today.

16 Q. You don't recall?

17 A. Right.

18 Q. And would there be a report?
19 Would it have been a third party that
20 would have conducted it?

21 A. Absolutely.

22 Q. So who were the third
23 parties that you generally worked with to
24 do these market surveys?

1 A. Let's see. What's the date?

2 I don't know if we were
3 working with Campbell Alliance at this
4 time. There was another group out of
5 Colorado, I don't remember their name,
6 like, LPG or something like that. It
7 could have been somebody else.

8 But it definitely would have
9 been a third-party market research group.

10 Q. And so would there be a
11 separate document that sets forth the
12 market research that you would have
13 received to aid you in putting together
14 this material for the sales reps?

15 A. There could have been --
16 there would have been a report produced.

17 Q. There would have been a
18 report from either Campbell Alliance or
19 LPG or --

20 A. XYZ, I don't remember.

21 Q. -- anyone you used?

22 A. Yes.

23 Q. If you wanted to figure out
24 which entity was used to do this market

1 research, who would you ask at Actavis?

2 A. Me.

3 Q. Well, you're not at Actavis
4 anymore.

5 A. Oh, gosh. Nobody.

6 Q. If you wanted to know today,
7 who would you ask?

8 A. I would -- there's nobody
9 left that's --

10 Q. You don't recall.
11 But it should be in your
12 e-mail, then?

13 A. Probably, yes.

14 Q. And was it your
15 understanding, then, when you drafted
16 this, that there were -- that
17 prescribers' perceptions were there that
18 Kadian had a low abuse potential?

19 A. That's what they reported
20 back to us. That was their perception.

21 Q. That's what you understood
22 from another organization that they
23 reported to them, correct? Is that
24 right?

1 A. Yes.

2 Q. And that there was 12- to
3 24-hour pain control?

4 MR. ROTH: Object to the
5 form.

6 THE WITNESS: Based on
7 what's listed here, that's what
8 the physicians told us, that was
9 their perception of Kadian.

10 BY MS. BAIG:

11 Q. Okay. And is that accurate
12 for Kadian, that there was 12 to 24 hours
13 of pain control?

14 A. I don't recall off the top
15 of my head if that was a claim. That was
16 just their perception.

17 Q. You don't recall whether or
18 not Kadian was effective for 12 to 24
19 hours?

20 A. I'd have to look back at our
21 detail pieces.

22 Q. Do you see the next page, it
23 says, What's new with Kadian?

24 A. Uh-huh.

1 Q. And it states, in the second
2 bullet, Much has changed in the
3 long-acting opioid environment since this
4 data was initially released, so it is
5 important to remind healthcare
6 professionals about the Kadian profile.

7 What is that referring to?

8 A. I'd have to look at what was
9 in the detail piece. It would be the
10 data that's in our detail aid.

11 Q. Well, if I wanted to see the
12 detail aid, what would I look for? What
13 is the name of that document?

14 A. Detail aid.

15 Q. It will just say, detail
16 aid, Kadian, with this date on it?

17 A. (Witness nods.)

18 I'm sorry, it's in this
19 presentation.

20 Q. Where is it?

21 A. Bunch of pages. Page by
22 page, it goes through --

23 Q. Oh, I see it. Okay.

24 A. So there's clinical data,

1 6A.

2 Q. What page are you looking
3 at?

4 A. 84; clinical data, Page 85,

5 6B.

6 Q. This is a detail aid that is
7 created by whom?

8 A. By the marketing department,
9 and then put through the promotional
10 review committee for legal and regulatory
11 review.

12 Q. So this is created -- the
13 detail aid was created by you?

14 A. Correct.

15 Q. But there's nothing on the
16 detail aid that states who provided --
17 who did the study for you; is that right?

18 MR. ROTH: Object to the
19 form.

20 BY MS. BAIG:

21 Q. Or would that be in here?

22 MR. ROTH: Lacks foundation.

23 THE WITNESS: This is from
24 our prescribing information.

1 BY MS. BAIG:

2 Q. So you put together this
3 detail aid based on prescribing
4 information that you received from who?
5 IMS?

6 MR. ROTH: Object to the
7 form.

8 THE WITNESS: I don't
9 think --

10 BY MS. BAIG:

11 Q. From who?

12 A. Maybe I'm -- maybe I'm
13 misjudging your understanding of
14 prescribing information.

15 So prescribing information
16 is the package insert, the label that is
17 attached to our product.

18 Q. Okay.

19 A. That is our Bible.

20 Q. No, I was thinking of
21 prescribing data.

22 A. Because you keep asking me
23 what are the studies? What are the
24 studies? It's what is in our label. And

1 that's what I'm referring to. I don't
2 mean to frustrate you.

3 Q. So you just take the label
4 and you provide --

5 A. Correct.

6 Q. -- you create the marketing
7 information from the label?

8 A. Correct.

9 Q. Using only the label?

10 A. Correct. The label is
11 referred to as prescribing information, a
12 PI, package insert. Those are all
13 synonymous.

14 Q. Okay. So if you go to the
15 second-to-last page of this document, it
16 says, Objection handling for pharmacists.

17 A. Yes.

18 Q. So this is a document that's
19 provided to the sales reps in order to
20 help train them?

21 A. It was presented to them,
22 yes.

23 Q. In terms of their
24 discussions with pharmacists?

1 A. Uh-huh.

2 Q. And is this, sort of, the
3 script that they're supposed to be using
4 when they talk to pharmacists?

5 MR. ROTH: Object to the
6 form.

7 THE WITNESS: These were the
8 talking points, the training, yes.

9 BY MS. BAIG:

10 Q. Okay. What is Technekes?

11 A. That was our telemarketing
12 firm.

13 Q. And what involvement did
14 they have with opioids -- with opioids at
15 Actavis?

16 A. They supplemented our field
17 sales force efforts. So, for example,
18 white space, if we didn't have a physical
19 rep in the territory, they would make
20 phone calls to that office.

21 Q. And it's spelled Technekes,
22 T-E-C-H-N-E-K-E-S.

23 A. Yeah.

24 Q. And who oversaw Technekes,

1 from Actavis?

2 A. I did.

3 Q. Was this part of -- but
4 Technekes was not part of your budget?

5 A. Yes, they would have been.

6 Q. So they were a part of the
7 \$200,00?

8 A. I said don't quote me on
9 \$200,000. I was just putting it in
10 context of it wasn't \$100 million.

11 Q. But Technekes --

12 A. Correct.

13 Q. Technekes --

14 A. Would have been a part of
15 the marketing budget.

16 Q. And how many sales -- what
17 do you call the people through Technekes?
18 Sales reps?

19 A. Sales representatives.

20 I don't recall. Perhaps two
21 to four.

22 Q. Full time?

23 A. I believe they were FTE,
24 yes.

1 Q. What is "FTE"?

2 A. Full-time equivalent.

3 Q. And who would train the
4 sales reps that came to you through
5 Technekes?

6 A. They would go through our
7 sales rep training. So they received the
8 same training as a physical field rep.

9 Q. So they would have been at
10 the national sales meeting?

11 A. I don't know that for sure.
12 They did attend our sales meetings. I
13 don't know if they were on board at the
14 time of this sales meeting.

15 Q. Okay. So you trained them?

16 MR. ROTH: Object to the
17 form.

18 THE WITNESS: They went
19 through sales training. I would
20 have presented the marketing
21 pieces, sales training, long
22 agenda. I would have been
23 responsible for the marketing
24 piece.

1 BY MS. BAIG:

2 Q. And who is Anda?

3 A. Anda?

4 Q. Yes.

5 A. ANDA is a new drug
6 application.

7 Oh, Anda is a -- down in
8 Florida. I think Watson owned them.
9 They were a pharmacy distributor.

10 I'm not exactly sure. I
11 remember doing a program with them.

12 Q. I see something here, and I
13 could attach it, but it might -- it might
14 not be too much to it.

15 But it says, I see you have
16 engaged Anda to contact pharmacies.

17 Is Anda another organization
18 like Technekes?

19 A. No, Anda is like a -- I
20 don't think they're a wholesaler.
21 They're -- maybe a pharmacy distributor.
22 We did a small project with them. I
23 don't really recall.

24 Q. So Technekes is telesales?

1 A. Correct.

2 Q. And Anda is?

3 A. TBD.

4 Q. Can you talk to me a little
5 bit about the negotiations that you would
6 have with pharmacies, in terms of
7 stocking?

8 A. No. I wasn't involved in
9 that.

10 Q. But you would receive
11 information about it; is that right?

12 A. Correct.

13 Q. So what is your general
14 understanding of how that process worked?

15 A. Our contracting department
16 would speak with pharmacies.

17 Q. About proactive stocking?

18 A. I imagine.

19 MR. ROTH: Object to the
20 form. Lacks foundation. Calls
21 for speculation.

22 BY MS. BAIG:

23 Q. About stocking?

24 A. It's not my area. I don't

1 really know what they talked about.

2 Q. Who is Ara Aprahamian?

3 A. I referenced him earlier.

4 He was our -- I referred to him as our
5 trade person. I don't know what his
6 exact title is.

7 Q. What division?

8 A. I think you have this
9 mischaracterization of our organization.
10 Like, he was the trade person. I was the
11 marketing person. We didn't have this
12 massive organization. So he was trade.

13 Q. So he would be the person
14 that would be negotiating, for example,
15 with Walmart regarding stocking of
16 opioids?

17 A. I believe so.

18 MS. RANJAN: Object to the
19 form.

20 THE WITNESS: I believe so.

21 BY MS. BAIG:

22 Q. And who would provide target
23 pharmacies? You would get that
24 information and then provide it, or

1 how -- how would Actavis communicate what
2 pharmacies ought to be targeted?

3 MR. ROTH: Objection. Lacks
4 foundation.

5 THE WITNESS: This would
6 have to be confirmed by sales, but
7 my understanding was that was up
8 to the reps.

9 BY MS. BAIG:

10 Q. The sales reps would decide
11 what pharmacies to target?

12 A. That's my understanding.
13 But, again, that's not my expert -- my
14 area.

15 MR. ROTH: Can we go off the
16 record for a second?

17 MS. BAIG: Sure.

18 VIDEO TECHNICIAN: The time
19 is 12:42 p.m. Off the record.

20 - - -

21 (Whereupon, a brief recess
22 was taken.)

23 - - -

24 VIDEO TECHNICIAN: The time

1 is 12:45 p.m. We are back on the
2 record.

3 BY MS. BAIG:

4 Q. What are e-mail blast
5 campaigns?

6 A. Generally, they were just
7 marketing materials that would be
8 delivered via e-mail.

9 Q. To whom?

10 A. It could be physicians, it
11 could -- anybody you could buy a list for
12 of e-mail addresses.

13 Q. Who would you buy that list
14 from?

15 A. Generally, whomever the
16 vendor was that we were working with on
17 the campaign.

18 Q. Who were the vendors that
19 you worked with, with respect to the
20 opioids?

21 A. I don't recall. I mean,
22 sometimes companies would come to you and
23 offer that service, or we would prepare
24 it and our advertising agency would

1 procure a list. It all depended.

2 Q. You don't recall any of
3 them?

4 A. No.

5 Q. Do you know who Practical
6 Pain Management is?

7 A. I believe it was a medical
8 journal.

9 Q. I'm sorry?

10 A. I believe it's a medical
11 journal.

12 Q. All right.

13 MS. BAIG: Let's mark this
14 as the next exhibit, 9. It's
15 Bates stamped Actavis 0501884
16 to --

17 MR. ROTH: You've got a 9,
18 so we're on 10.

19 MS. BAIG: Sorry, we're on
20 Exhibit-10. To Actavis 0501893.

21 - - -

22 (Whereupon, Allergan-Altier
23 Exhibit-10, Actavis 0501884-1893,
24 was marked for identification.)

1 - - -

2 BY MS. BAIG:

3 Q. This is an e-mail from you
4 to Nathalie Leitch --

5 A. Uh-huh.

6 Q. -- on August 12th, 2011.

7 Do you see that?

8 A. I do.

9 Q. And it's referring to a
10 Kadian e-mail blast.

11 A. Uh-huh.

12 Q. What was this?

13 A. I don't know. I'll have to
14 read through it.

15 Q. Take a look.

16 A. Oh, gosh. Nice copy.

17 Q. I know. That's how it was
18 produced, though. It's just the first
19 page that's blurred.

20 A. It looks like a five-wave
21 campaign of marketing messages to be
22 e-mailed out.

23 Q. To be e-mailed out to whom?

24 A. I would assume physicians.

1 Q. And did you create these
2 marketing materials?

3 A. Yes.

4 Q. You did?

5 A. Not me personally, but an
6 advertising agency on our behalf, yes.

7 Q. So you worked with the
8 advertising agency to create them?

9 A. Correct.

10 Q. Can you tell, from looking
11 at these materials now, what advertising
12 agency you worked with?

13 A. For Kadian, it would have
14 been Zuchelli & Johnson.

15 Q. How do you spell that?

16 A. Z-U-C-H-E-L-L-I and Johnson.
17 Unless this company Vertical Health,
18 here, created them.

19 Most likely what may have
20 happened is Zuchelli & Johnson would have
21 created the files, we would have put them
22 through our legal/regulatory review and
23 then provided them to Vertical Health to
24 e-mail out.

1 Q. What is Vertical Health?

2 A. That's a great question. I
3 don't recall. Obviously, a company that
4 we worked with to e-mail these out.

5 Q. Why did you need to do that?

6 A. Why did I need to work
7 with --

8 Q. Why didn't Actavis just send
9 the e-mails out itself? Do you know --

10 A. We didn't have e-mail
11 addresses for physicians.

12 Q. I see. So you contracted
13 with Vertical Health to get the messages
14 out to the --

15 A. Uh-huh.

16 Q. -- e-mail addresses for the
17 physicians?

18 A. That's my assumption, yeah.

19 Q. What is Tegra Analytics?

20 A. Tegra Analytics was a
21 company we worked with that would, I
22 guess, do analytics for us.

23 How can I explain what they
24 do? They're really smart people. They

1 look at data, so I know -- say we were
2 doing the territory expansion, they would
3 propose, here are the areas where you
4 should, you know, divide the territories,
5 if you're going from 18 to 30; based on
6 the data you have, this is where those
7 territories should be located. I think
8 they also analyzed sales data.

9 Q. And did you work directly
10 with Tegra Analytics?

11 A. I did not. I obviously was
12 on calls with them, though.

13 Q. Who worked most directly
14 with Tegra Analytics?

15 A. I believe Nathalie managed
16 them.

17 Q. And would they provide to
18 you telemarketing targets?

19 A. Perhaps. I mean, we
20 wouldn't get the data from them, but they
21 may have analyzed the data and said, you
22 know, these targets fall out of your
23 territory, out of where your field
24 coverage is, and here is your white

1 space, so --

2 MS. BAIG: Let's have this
3 document marked as Exhibit-11.

4 - - -

5 (Whereupon, Allergan-Altier
6 Exhibit-11, Actavis 0672638-2645,
7 was marked for identification.)

8 - - -

9 MS. BAIG: And you see this
10 document is Bates stamped Actavis
11 0672638 --

12 THE WITNESS: So this would
13 have been --

14 MS. BAIG: -- through --
15 hang on -- Actavis 0672645.

16 And it begins as an e-mail
17 string from Matthew Hutcheson to
18 Jennifer Altier, July -- January
19 7th, 2013. Subject, telemarketing
20 targets.

21 BY MS. BAIG:

22 Q. Is Matt Hutcheson the
23 contact at Tegra Analytics?

24 A. Yes.

1 Q. And you communicated
2 directly with him regarding analytics
3 that they were performing for Actavis
4 opioids?

5 A. Right. If I'm reading the
6 context of this, this is January 2013, so
7 Watson had just let the sales force go.
8 Technekes was theoretically still on
9 contract and we were trying to figure
10 out, I guess, if we could maybe just
11 continue telesales for Kadian.

12 Q. And you see here in the
13 e-mail, halfway down, from you to him,
14 you state, Our telemarketing team had
15 additional bandwidths to add more targets
16 to their call list. Could you please
17 send us the next names that would be on
18 the list, with the following breakdown?

19 Do you see that?

20 A. Uh-huh.

21 Q. And you have two breakdowns.
22 One, the next 1,000 generic morphine
23 sulfate ER writers that are not sales
24 team targets.

1 Correct?

2 A. Uh-huh.

3 Q. And you have the next 1,000
4 Kadian writers that are not sales team
5 targets.

6 Correct?

7 A. Yes.

8 And you know what, just -- I
9 don't know if I'm allowed to do this, but
10 before, in the previous message when we
11 were talking about generic MS and I made
12 up -- I said it was MS-Contin. I believe
13 it was probably generic morphine sulfate
14 is what that was referring to.

15 So, I'm sorry, I interrupted
16 your question.

17 Q. So here you're getting 1,000
18 generic morphine sulfate extended release
19 writers that the telemarketing team can
20 target, and you're getting that from
21 Tegra Analytics, correct?

22 A. Yes. It sounds like he's
23 pulling that data for us, yes.

24 Q. And you're also getting a

1 thousand Kadian writers that were not, at
2 that point, sales team targets so that
3 your sales team could target them,
4 correct?

5 A. It looks like so that the
6 Technekes team could target them, yes.

7 Q. Which was part of your sales
8 team, right?

9 A. Telesales.

10 Q. Telesales.

11 Do you see on Page Actavis
12 0672643, halfway down, it says, Technekes
13 has had the following physicians state
14 that they have Kadian reps. I'm
15 wondering if we can verify that we are no
16 longer calling on them. Perhaps they
17 were drops.

18 Do you see that?

19 A. I do.

20 Q. Okay. Can you tell me what
21 that's referring to? Were there certain
22 targets that would be dropped for some
23 reason?

24 A. Sure. If we realign the

1 territories and that was no longer being
2 covered by somebody, that sort of thing.

3 So, basically, what was
4 happening here is Technekes called the
5 office and the doctor said, oh, I have a
6 rep that comes and sees me, and we didn't
7 want both. So the protocol was they
8 would tell us. I wanted to verify that a
9 rep actually was calling on them.

10 Q. And the list that's
11 attached, is that the sample target list?

12 A. Kadian telesales listing,
13 supplemental.

14 I'll have to read the e-mail
15 to see what this might refer to. Based
16 on -- if this is correct, there's a
17 message that says, Please see the
18 attached target list going to Aaron at
19 Technekes.

20 So perhaps this was
21 Technekes's target list.

22 Q. And do you see at the top of
23 the very first page, it says, Kadian
24 telesales listing, supplemental, January

1 7th, 2013. And it says, Next 1,100
2 generic morphine sulfate ER and next
3 1,100 Kadian writers, correct?

4 A. Uh-huh.

5 Q. So it appears that these
6 were the next 1,100 for your telesales
7 team to then target, correct?

8 A. Okay.

9 MR. ROTH: Object to the
10 form.

11 BY MS. BAIG:

12 Q. Would you agree?

13 A. Based on what he's writing,
14 we did the next 1,100 to account for
15 potential overlaps. Yes. So I asked for
16 1,000, he gave me 1,100.

17 Q. And these are names of
18 targets for your sales teams?

19 MR. ROTH: Object to the
20 form.

21 BY MS. BAIG:

22 Q. Is that right?

23 A. These --

24 Q. For your telesales teams?

1 A. These appear to be a list of
2 targets for telesales, yes.

3 Q. Do you know what a negative
4 call disposition is?

5 A. No.

6 Q. If somebody is talking to
7 you about targets with a negative call
8 that dispositioned, do you know what that
9 means?

10 MR. ROTH: Object to the
11 form. Asked and answered.

12 THE WITNESS: Yeah, I don't.

13 BY MS. BAIG:

14 Q. Would there be any reason
15 that any targets would be removed from a
16 call list like the one we just looked at?

17 A. For field sales or
18 telesales?

19 Q. Either.

20 A. If they asked not to be
21 called on.

22 Q. Any other reason that you
23 can think of?

24 A. We always said, moved, died

1 or retired; if they moved out of the
2 area, if they died or they retired, they
3 would be removed.

4 Q. Was anybody ever removed, to
5 your knowledge, for suspicious sales,
6 suspicious orders?

7 MR. ROTH: Object to the
8 form. Lacks foundation. Calls
9 for speculation.

10 THE WITNESS: Who would be
11 placing orders? We don't call
12 physicians --

13 BY MS. BAIG:

14 Q. Let's say you're going to
15 target a physician.

16 A. Right.

17 Q. To your knowledge, was any
18 physician ever removed from one of these
19 lists because it had a suspicious
20 prescribing?

21 MR. ROTH: Objection. Form.
22 Lacks foundation. Calls for
23 speculation.

24 THE WITNESS: I don't even

1 know how we would know -- I mean,
2 suspicious prescribing.

3 BY MS. BAIG:

4 Q. So you've never -- you've
5 never heard of any targets being removed
6 from the list, other than for the reasons
7 that you just gave me?

8 A. Those were the most common
9 reasons I had heard of, yes.

10 Q. Can you think of any other
11 reasons?

12 A. I'm sure there are others,
13 but nothing comes to mind.

14 MS. BAIG: Let's have this
15 document marked as Exhibit-12,
16 please. Bates stamped Actavis
17 0192957 through 0193028.

18 - - -

19 (Whereupon, Allergan-Altier
20 Exhibit-12, Actavis 0192957-3028,
21 was marked for identification.)

22 - - -

23 MS. BAIG: It begins as an
24 e-mail string from Jennifer Altier

1 to Nathalie Leitch, dated August
2 13th, 2013.

3 BY MS. BAIG:

4 Q. Just take a moment to
5 acquaint yourself with the document.

6 A. Okay.

7 Q. If you look at the
8 PowerPoint on the third page, is this the
9 launch document that you created for the
10 new strengths of Kadian?

11 MR. ROTH: Which PowerPoint
12 are you talking about and what's
13 the Bates number?

14 MS. BAIG: The first page
15 of -- it's the third page of the
16 document.

17 MR. ROTH: The one that
18 says -- okay. 192960?

19 MS. BAIG: Correct.

20 THE WITNESS: It appears
21 this was given by Mike Shepherd.

22 BY MS. BAIG:

23 Q. He is the marketing director
24 for Kadian?

1 A. Yeah, no. He was the sales
2 director.

3 Q. Because you were the
4 marketing director for Kadian?

5 A. Correct.

6 Q. Okay. So that's an error on
7 the first page?

8 A. It seems like it. Maybe I
9 was supposed to give it and then it
10 changed, and we just threw his name on it
11 and didn't change the title.

12 Q. Did you help draft this
13 document?

14 A. It appears to be something I
15 would work on, yes.

16 Q. And this was the new
17 strengths launch.

18 So what was this used for?

19 A. This was to introduce the
20 new strengths to the field.

21 Q. To the field.

22 By "the field," you mean by
23 the sales reps?

24 A. Yes.

1 Q. So was this a document that
2 was provided to the sales reps?

3 MR. ROTH: Objection. Form.
4 Mischaracterizes the document.

5 THE WITNESS: It appears it
6 references a cancelled meeting.
7 This was around the time that the
8 Watson merger was happening, and I
9 know that meetings were cancelled.

10 And when I read Nathalie's
11 e-mail, she's asking, would you
12 happen to have any agenda draft
13 materials available from the
14 cancelled meeting?

15 So I don't know for sure if
16 this was given or not.

17 BY MS. BAIG:

18 Q. Would there have been a new
19 strengths launch document, though,
20 provided to the sales reps?

21 MR. ROTH: Objection. Form.

22 THE WITNESS: Would there
23 have been, I'm sorry, what?

24 BY MS. BAIG:

1 Q. A launch document like this
2 presented to the sales reps?

3 A. It would have been
4 presented, it wouldn't have been
5 provided. Everything would have been
6 stamped for internal purposes only.

7 Q. So they wouldn't get a copy
8 of it? The sales reps would not receive
9 a copy?

10 A. Not normally. It was not
11 normally approved to get distributed to
12 the sales force, no.

13 Q. You would just present it to
14 them via PowerPoint?

15 A. Uh-huh.

16 Q. Can you turn to Bates stamp
17 page Actavis 0192973?

18 A. Is that in the PowerPoint?

19 Q. It is, yes. It's Page 3 of
20 the PowerPoint, I believe.

21 A. Got it.

22 Q. At the top, it says, New
23 strength recommendations.

24 A. Correct.

1 Q. And so was the strategy to
2 target top existing prescribers initially
3 with current strengths along with the
4 addition of new strengths?

5 MR. ROTH: Object to the
6 form.

7 THE WITNESS: Based on
8 what's here, yes.

9 BY MS. BAIG:

10 Q. And to look for new
11 prescriber audiences?

12 A. It says, Expand to a new
13 prescriber audience, look for new
14 prescribers.

15 Q. Prescriber --

16 A. Niches.

17 And the goal was to develop
18 a medically compelling story prior to
19 reaching new prescribers; is that right.

20 MR. ROTH: Object to the
21 form. Mischaracterizes the
22 document.

23 BY MS. BAIG:

24 Q. Well, does the sentence say,

1 Develop a medically compelling story
2 prior to reaching new prescribers?

3 A. I think what that would
4 refer to is you can't go in to someone
5 who's never prescribed Kadian and say,
6 hey, we have new strengths. They're not
7 going to care, because they've never
8 written it.

9 So you have to talk about
10 the medical data before you can talk
11 about new strengths.

12 Q. You have to provide them
13 with a medically compelling story,
14 correct?

15 MR. ROTH: Object to the
16 form.

17 BY MS. BAIG:

18 Q. Well, is that what the
19 document says, Develop a medically
20 compelling story?

21 A. It does.

22 Q. Okay. And does it also
23 state that new strengths will be launched
24 the week of September 10th?

1 A. It does.

2 Q. And that's 2012, correct?

3 A. Yes.

4 Q. Okay. And it further states
5 that pharmacy stocking strategy would
6 need to be a key priority, correct?

7 A. I'm sorry, I lost my page
8 here. It was slide number what?

9 Q. Slide number 3.

10 MR. ROTH: 973 is the Bates
11 stamp.

12 THE WITNESS: Got it. Okay.
13 Yes.

14 BY MS. BAIG:

15 Q. Do you know why this meeting
16 was cancelled?

17 A. Watson did not want to spend
18 any more money on the sales force, with
19 their plans to terminate it.

20 MS. BAIG: Let's have this
21 document marked as Exhibit-13.

22 It's Actavis 0413235 to 0413321.

23 - - -

24 (Whereupon, Allergan-Altier

1 Exhibit-13, Actavis 0413235-3321,
2 was marked for identification.)

3 - - -

4 BY MS. BAIG:

5 Q. It's an e-mail from Mark
6 Killion to you, dated July 10th, 2012,
7 attaching a Kadian training meeting
8 marketing presentation, correct?

9 A. I don't believe it's a
10 marketing presentation. But -- it's
11 called marketing -- one of them is called
12 marketing presentation. The other one is
13 called training meeting, Somerset.

14 Q. So there's two attachments,
15 two PowerPoints, right?

16 A. Correct. I believe so. Let
17 me -- let me find --

18 Q. Take a look at it.

19 A. -- where one starts and --
20 okay.

21 Yes.

22 Q. And what was the Kadian
23 training meeting in Somerset in October
24 of 2011? Do you recall?

1 A. Somerset was, I believe,
2 inVentiv's headquarters. So perhaps we
3 were training new reps.

4 Q. Where is Somerset?

5 A. New Jersey.

6 Q. And if you turn to Page 5 of
7 that first attachment, it says, LAO
8 formulary status for top 25 U.S.
9 commercial health plans.

10 Do you see that?

11 A. I do.

12 Q. What is -- what does LAO
13 stand for?

14 A. Long-acting opioid.

15 Q. So here is the formulary
16 status for long-acting opioids.

17 And it shows -- what does
18 this show?

19 A. It shows formulary status
20 for those products.

21 Q. So, for example, for United
22 Health Group, which is Number 1 -- so
23 these are all the top 25 U.S. commercial
24 health plans, right?

1 A. Uh-huh.

2 Q. So we take the top one,
3 United Health Group, and what is Kadian's
4 formulary status?

5 A. Not covered.

6 Q. It's not covered. Okay.

7 And what is tier 2 in a
8 formulary status? What does that mean?

9 A. So tier 1 is generic. Tier
10 2 is preferred. Tier 3 is on formulary.
11 And, I mean, this is -- you know, back in
12 the dark ages.

13 Now there's, like, tier 8s
14 and all this. But at this time, tier 1
15 was generic, tier 2 was preferred, tier 3
16 was covered. They don't even go into
17 tier 4, so then it would just be not
18 covered.

19 Q. And what was the goal? I
20 mean, what would your preference be for
21 your company's drugs?

22 MR. ROTH: Object to the
23 form.

24 BY MS. BAIG:

1 Q. Tier 1?

2 A. It would depend on your
3 strategy. Only generics would be tier 1.
4 If you were willing to pay for, you know,
5 privileged or higher tiering, you got
6 tiering.

7 Q. So, for example, for Aetna,
8 Kadian is listed as tier 2, correct?

9 A. Correct.

10 Q. And would that be the result
11 of negotiations between Actavis and
12 Aetna?

13 MR. ROTH: Objection. Form.
14 Lacks foundation. Calls for
15 speculation.

16 THE WITNESS: That could
17 have been any number of reasons;
18 contracting between Actavis and
19 Aetna, previous dealings with
20 Alpharma and Aetna, just because
21 Aetna liked it, the medical
22 director on the staff liked it.
23 There's a number of reasons.

24 BY MS. BAIG:

1 Q. Could it also be because
2 Actavis is paying more to be at a higher
3 tier level?

4 MR. ROTH: Objection to
5 form. Calls for speculation.

6 THE WITNESS: That's a
7 potential. This is not my area of
8 expertise. I've never been
9 involved in managed care
10 contracting.

11 BY MS. BAIG:

12 Q. So where would you get this
13 information from when you're creating a
14 presentation like this?

15 A. There are companies that
16 provide this information. MMIT is a big
17 one.

18 Q. Which one?

19 A. MMIT.

20 Q. Do you know what that stands
21 for? Do you know?

22 A. Managed Markets Information
23 something.

24 Q. And where would you get this

1 information, from what department at
2 Actavis, or what person?

3 A. Whoever was handling managed
4 care. I don't -- I don't know that we
5 had anybody at this time -- oh, here.
6 I'm sorry, it's at the bottom.

7 Fingertip Formulary. And
8 that's an online tool. So that's just
9 publicly available.

10 And the AIS directory of
11 health plans, 2001 -- 2011.

12 Q. So this information was
13 publicly available and you just pulled it
14 and put it in the PowerPoint?

15 A. I didn't put this particular
16 PowerPoint together. I put the other one
17 together.

18 Q. Okay. And do you see on
19 Page 17, there's a slide that's titled,
20 Kadian Territory Expansion?

21 A. Uh-huh. I do.

22 Q. And are the shaded areas,
23 are those the areas where you were
24 expanding, or do you know?

1 A. I'm looking. I'm trying to
2 look at the code here.

3 I believe so. So the code
4 there, the legend, seems to correspond to
5 the territories that are listed on the
6 side.

7 Q. So does that mean what's
8 white was your existing territories?

9 MR. ROTH: Object to form.

10 THE WITNESS: No. I don't
11 believe you can make that
12 assumption, because I don't
13 believe that these new territories
14 meant we were now covering the
15 entire United States.

16 BY MS. BAIG:

17 Q. So this chart does not
18 reflect -- does not show your existing
19 territories; is that correct?

20 A. Correct. Correct.

21 Q. And who would make the
22 decision as to the territory expansion?

23 A. Who would make the decision?
24 Ultimately, I guess, Terry Fullem, with

1 input from Nathalie and the sales team.

2 Q. Can you turn to Page 18?

3 It starts, Background, and

4 it talks about --

5 A. Oh, 18 in that same

6 presentation?

7 Q. It's Actavis 0413298.

8 A. Oh, okay. I was on -- so

9 you're in a different presentation now?

10 Q. Yes.

11 A. Page 18?

12 Q. Yes.

13 MR. ROTH: Page 18 of the

14 second presentation.

15 THE WITNESS: Background.

16 BY MS. BAIG:

17 Q. It's Actavis 0413298.

18 A. Yep.

19 Q. Okay. And you have

20 background and it states, Telephone

21 interviews with pain medicine specialists

22 were conducted from December 10th to the

23 24th, 2010.

24 Do you see that?

1 A. Yes. I'm just flipping
2 back. If you note the page before, these
3 are, again, market research results. So
4 this would have been conducted by a third
5 party.

6 Q. Does it say here who
7 conducted the market research?

8 A. It does not.

9 Q. The title of this one is,
10 Marketing Overview, right?

11 A. Yes. I'm sorry, the slide
12 17, it says, Market research results.

13 Q. Got it. Okay.

14 So Slide 18, you've got the
15 background. So you didn't generally put
16 who conducted the market research in
17 here?

18 A. No.

19 Q. But it would have been a
20 third party?

21 A. Correct.

22 Q. Possibly Campbell Alliance
23 or LPG?

24 A. Correct.

1 Q. And it appears that they
2 contacted 29 physicians; is that right?

3 A. Correct.

4 Q. What does loyalist mean?

5 A. They were Kadian
6 prescribers.

7 Q. Competitors mean they were
8 prescribing a competitive drug?

9 A. Correct.

10 Q. What are spreaders?

11 A. Both, they prescribe both.

12 Q. Oh, okay. And this was a
13 study that was done on morphine sulfate
14 extended-release capsules, correct?

15 MR. ROTH: Object to the
16 form.

17 THE WITNESS: I don't think
18 so, based on the --

19 BY MS. BAIG:

20 Q. I'm just looking at the top
21 right corner.

22 A. Top right where?

23 Q. On that same page.

24 A. Telephone interviews with

1 pain medicine specialists were
2 conducted --

3 Q. The top right in small
4 print.

5 A. That's our logo, Kadian.

6 Q. And then morphine sulfate.

7 A. That's what Kadian is.

8 Q. Yes, okay.

9 On the next page, it says,
10 Physicians prefer to write branded
11 products.

12 A. Uh-huh.

13 Q. Why was that? Do you know?

14 A. I don't know. No, they
15 didn't -- there's no probing here.

16 Q. That's not a general
17 proposition, but specific to this?

18 A. That was based on the 29
19 physicians.

20 Q. And so based on that study
21 of 29 physicians, one of the findings, as
22 reported here, anyway, was that OxyContin
23 overwhelmingly has the most potential for
24 abuse; is that right?

1 A. That was --

2 MR. ROTH: Objection to the
3 form.

4 THE WITNESS: According to
5 the bullet there, the new
6 formulation of OxyContin is
7 perceived to be better, but
8 physicians are still learning
9 about it. So that was -- that was
10 their perception.

11 BY MS. BAIG:

12 Q. So their perception was that
13 OxyContin overwhelmingly has the most
14 potential for abuse?

15 A. According to the 29 doctors,
16 yes.

17 Q. On Slide 22, do you see that
18 it says, All doctors are concerned with
19 safety, abuse potential and diversion?

20 A. Yes.

21 Q. Do you recall what you
22 trained the sales reps to say with
23 respect to Kadian, regarding safety
24 abuse, potential diversion?

1 A. Yes.

2 MR. ROTH: Object to the
3 form.

4 THE WITNESS: I'm sorry.

5 They had to deliver all the
6 safety information that was
7 included in the detail aids.

8 BY MS. BAIG:

9 Q. Were these marketing studies
10 or were these -- what do you call this
11 document?

12 A. Market research.

13 Q. Market research study.

14 You paid a third-party
15 entity to conduct it, correct?

16 A. Correct.

17 Q. And did that come out of
18 your budget?

19 A. Yes.

20 Q. It came out of the marketing
21 budget?

22 A. It would, yes.

23 Q. And on Page 33, do you see
24 there's a heading -- or on 32, there's a

1 section called, Objection Handling?

2 A. Yes.

3 Q. So is this the marketing
4 research part that essentially advises
5 you on how to handle objections?

6 A. This has nothing to do with
7 market research. This would have been
8 prepared by us.

9 Q. So you prepared this based
10 on the information that you got from the
11 market research study?

12 MR. ROTH: Object to the
13 form.

14 THE WITNESS: Or just
15 information we had in general.

16 BY MS. BAIG:

17 Q. Based on -- okay.

18 And on Page 40, profile 3 --

19 A. Yes.

20 Q. -- it says, Dr. Evil is a
21 low-volume prescriber of Kadian.

22 Do you see that?

23 A. I do.

24 Q. Did you prepare that slide?

1 A. I don't recall.

2 Q. It goes on to state, He
3 serves a low-income population of
4 patients and feels that generic morphine
5 sulfate is the best option for them.

6 A. Uh-huh.

7 Q. He has not been called on by
8 a Kadian representative in over two
9 years.

10 Why would he have been
11 referred to as Dr. Evil?

12 A. I think we were just picking
13 names. There's -- you know, Dr. No was
14 the previous one. Dr. Blofeld -- these
15 were just meant to be made-up names. I
16 think -- God, what's the movie?

17 MR. ROTH: Austin Powers.

18 THE WITNESS: Austin Powers
19 was popular that year.

20 BY MS. BAIG:

21 Q. Are you familiar with The
22 Journal of Pain?

23 A. No. If there is one, I'll
24 believe you. But, usually, there's

1 Journal of Pain Management, Journal of
2 Pain Medicine. Just The Journal of Pain,
3 I'm not --

4 Q. Put out by the American Pain
5 Society?

6 A. Okay. I'm not super
7 familiar. But I'll take your word for
8 it.

9 Q. There's one called Clinical
10 Guidelines for the Use of Chronic Opioid
11 Therapy.

12 Are you familiar with that?

13 A. No.

14 MS. BAIG: Let's have this
15 document marked as Exhibit-14.

16 MR. ROTH: Before we do
17 that, can we go off for a second?

18 VIDEO TECHNICIAN: The time
19 is 1:25 p.m. Off the record.

20 - - -

21 (Whereupon, a luncheon
22 recess was taken.)

23 - - -

24 VIDEO TECHNICIAN: The time

1 is 2:22 p.m. Back on the record.

2 MS. BAIG: I'd like to have
3 the next document marked as
4 Exhibit-14, please.

5 - - -

6 (Whereupon, Allergan-Altier
7 Exhibit-14, Actavis 0685080-5122,
8 was marked for identification.)

9 - - -

10 MS. BAIG: This is a
11 document that's Bates stamped
12 Actavis 0685080 to Actavis
13 0685122.

14 BY MS. BAIG:

15 Q. It starts with an e-mail
16 string from Lisa Miller to you, Jennifer
17 Altier, on October 25th, 2012.

18 Do you see that?

19 A. Yes.

20 Q. Okay. And the subject is
21 Chou and update. Chou, 2009, opioid
22 treatment guidelines are shown as
23 attached.

24 Do you see that?

1 A. Yes. I'm just reading what
2 I wrote down here.

3 Q. Do you know what Chou stands
4 for? C-H-O-U.

5 A. I believe it's the author of
6 the article attached. Yeah, it's the
7 lead author.

8 Q. And the article attached is
9 an article entitled, Opioid Treatment
10 Guidelines, Clinical Guidelines for the
11 Use of Chronic Opioid Therapy in Chronic
12 Noncancer Pain.

13 Do you see that?

14 A. I do.

15 Q. And that's an article that
16 was published by The Journal of Pain in
17 February of 2009.

18 Do you see that?

19 A. I do.

20 Q. The funding came from the
21 American Pain Society, do you see that,
22 in the very bottom --

23 A. Yes.

24 Q. -- quarter?

1 A. 2009.

2 Q. It says, Funding from the
3 American Pain Society?

4 MR. ROTH: Okay.

5 BY MS. BAIG:

6 Q. Well, it says, This article
7 is based on research conducted at the
8 Oregon Evidence-Based Practice Center
9 with funding from the American Pain
10 Society, APS.

11 Do you see that?

12 A. I do.

13 Q. Now, do you recall why it
14 was that you were being sent this
15 article?

16 A. It looks like we were using
17 it as a reference for the statement in
18 bold that I have there.

19 Q. The statement, In patients
20 who are opioid naive or have modest
21 previous opioid exposure, opioids should
22 be started at a low dose and titrated
23 slowly to decrease risk of opioid-related
24 adverse effects.

1 Is that the statement?

2 A. Correct.

3 Q. So you were looking for
4 support for that, and you found it in the
5 Pain Society funded article --

6 MR. ROTH: Object to form.

7 BY MS. BAIG:

8 Q. -- called Opioid Treatment
9 Guidelines?

10 A. I don't know that I found
11 it. I seemed to be looking for it.

12 Q. You were looking for it.
13 Okay.

14 And who is Ivan Shaw?

15 A. He was a part of the medical
16 team supporting the prelaunch for MoxDuo.

17 Q. What department was Ivan
18 Shaw in?

19 A. Medical affairs.

20 Q. And is that the team that
21 you would typically reach out to if you
22 needed support for something that you
23 were going to use in a marketing
24 material?

1 MR. ROTH: Object to the
2 form.

3 THE WITNESS: I mean, there
4 are a lot of resources. If I were
5 looking for medical information, I
6 would go to medical affairs.

7 BY MS. BAIG:

8 Q. And do you see, on the first
9 page of the article, the list of authors?

10 A. I do.

11 Q. And do you see Perry Fine is
12 listed there?

13 A. Yes.

14 Q. And are any of the other --
15 do you see that Russell K. Portenoy is
16 also listed there?

17 A. I do.

18 Q. And Perry Fine was on the
19 medical advisory board that we discussed
20 earlier, right?

21 A. Correct.

22 MR. ROTH: Object to the
23 form.

24 BY MS. BAIG:

1 Q. Are any of the other people
2 that are listed here, do you recognize
3 them as being on medical advisory boards
4 at Allergan?

5 MR. ROTH: Object to the
6 form.

7 THE WITNESS: I wasn't at
8 Allergan. I was at Actavis.

9 None of the other names, off
10 the top of my head, are familiar,
11 no.

12 BY MS. BAIG:

13 Q. Did you have any other
14 communications with Perry Fine, other
15 than the medical advisory board that we
16 already talked about?

17 A. Not that I recall, no.

18 Q. How about Russell Portenoy?

19 A. No, not that I recall.

20 Q. Do you recall using this
21 article for any other purposes?

22 A. No. It looks like we wanted
23 it for the MoxDuo detail aid; but since
24 that product wasn't launched, we didn't

1 use it.

2 Q. Are you familiar with any
3 speakers bureaus run by Actavis?

4 A. We did none, no.

5 Q. If you go to Page Actavis
6 0685100, you'll see there's a reference
7 to -- you see there's another reference
8 to Perry Fine there?

9 A. I do.

10 Q. And it indicates that he was
11 serving on advisory boards related to
12 opioid analgesics for Alparma, Cephalon,
13 Endo Pharmaceuticals, GlaxoSmithKline,
14 Lilly, Merck, NIH, Ortho-McNeil, J&J,
15 Purdue Pharma and Wyeth.

16 Do you see that?

17 A. I do.

18 Q. And do you see further down
19 there's a reference to Jeremy Adler?

20 A. Yes.

21 Q. And he's identified as
22 serving on speakers bureaus for Alparma,
23 Elan, Endo, Pfizer and Victory
24 Pharmaceutical Companies.

1 Do you see that?

2 A. I do.

3 Q. Did you ever have any
4 communications with Jeremy Adler?

5 A. No, not that I recall.

6 Q. And do you see the next one
7 is Pamela Davies, on the next page?

8 A. Yes.

9 Q. And it's indicated there
10 that she receives honorarium patients
11 from Alpharma and Endo Pharmaceuticals
12 for work as a clinical advisor.

13 Do you see that?

14 A. I do.

15 Q. And the last name on that
16 page, Jeffrey Fooden.

17 A. Uh-huh.

18 Q. And do you see there that it
19 indicates that he was on speakers bureaus
20 for advisory boards for Abbott, Alpharma,
21 Calloway Labs, Janssen and PriCara?

22 A. I do.

23 Q. Did you have any
24 communication with either of those

1 individuals?

2 A. No, not that I recall.

3 Q. Do you know if this
4 article -- what it was used to support in
5 terms of Kadian marketing?

6 MR. ROTH: Object to the
7 form.

8 THE WITNESS: I don't know
9 that it was used for Kadian at
10 all.

11 My -- you know, this is
12 2012. We were, you know, winding
13 down operations at this point. I
14 don't know that it was used at
15 all.

16 BY MS. BAIG:

17 Q. You don't know whether it
18 was or it was not, right?

19 A. Right. My assumption was
20 that it was actually pulled for MoxDuo
21 just because Ivan was involved in it.

22 But I don't know. I don't
23 know what it was used for.

24 Q. If you'd turn to Actavis

1 0685103.

2 A. Yes.

3 Q. And you see Russell Portenoy
4 is listed there?

5 A. Yes.

6 Q. And it's indicated that he
7 has consulting agreements with an
8 extensive list of pharmaceutical
9 companies?

10 A. Yes.

11 Q. And then further down it has
12 Nox H. Todd?

13 A. Yes.

14 Q. And you see there there's
15 consulting payments indicated from
16 Johnson & Johnson, Alpharma and others?

17 A. Yes.

18 Q. So other than the advisory
19 board for MoxDuo, did you have any other
20 participation with any other advisory
21 boards?

22 A. No.

23 Q. Are you aware of any other
24 advisory boards for any of the opioid

1 drugs at Actavis?

2 A. No.

3 MR. ROTH: Object to the

4 form. Asked and answered.

5 THE WITNESS: Sorry, no.

6 BY MS. BAIG:

7 Q. So you're not aware of any

8 Kadian advisory board?

9 MR. ROTH: Objection. Asked
10 and answered.

11 THE WITNESS: I'm not.

12 BY MS. BAIG:

13 Q. Are you aware of whether any

14 Kadian advisory board was ever

15 considered?

16 A. I believe a host of programs
17 and tactics were considered, and an
18 advisory board could have possibly been
19 considered.

20 Q. Okay.

21 MS. BAIG: So this document

22 we'll have marked as Exhibit-15.

23 And it's Bates stamped Actavis

24 0821336 through 0821339.

1 - - -

2 (Whereupon, Allergan-Altier
3 Exhibit-15, Actavis 0821336-1339,
4 was marked for identification.)

5 - - -

6 BY MS. BAIG:

7 Q. The title is, Actavis U.S.
8 Kadian Advisory Board, 2011. Submitted
9 to Jennifer Altier, marketing director,
10 it says on the front cover.

11 Do you see that?

12 A. I do.

13 Q. And this was, as noted on
14 the front cover, submitted to you by
15 Genesis Associates?

16 A. Yes.

17 Q. And do you see on the first
18 page, it states, Project scope and
19 objectives?

20 A. Yes.

21 Q. And it states that, Actavis
22 has solicited the support of Genesis
23 Associates, Inc., in the development of a
24 Kadian advisory board to be convened,

1 ideally, in August or September of 2011.

2 A. Yes.

3 Q. Do you see that?

4 A. I do.

5 Q. Does this refresh your

6 recollection that there was an advisory

7 board, or at least one contemplated for

8 Kadian?

9 MR. ROTH: Objection. Form.

10 Mischaracterizes the document.

11 THE WITNESS: This says that

12 there was a proposal submitted. I

13 don't believe this was ever held.

14 BY MS. BAIG:

15 Q. Okay. So it was something

16 that was maybe considered?

17 A. Yes.

18 Q. Okay. And it states that,

19 the third paragraph, that, The proposed

20 meeting is a one-day, 8:00 a.m. to 4:00

21 p.m., with 12 key experts in pain

22 management.

23 Do you see that?

24 A. I do.

1 Q. And amongst some of the
2 advisors identified there are Scott
3 Fishman.

4 Do you see that?

5 A. I see that name.

6 Q. And, to your knowledge, did
7 this advisory board ever take place?

8 A. I'm just looking. I'm
9 looking at the venue in Jersey City. I
10 remember a Hoboken meeting, but I don't
11 recall what it was. I'm thinking that
12 was the MoxDuo advisory board, but I
13 could be getting my locations mixed up.

14 Q. Well, you see the first
15 page, the title says, Kadian Advisory
16 Board?

17 A. No, no, I know. I'm just
18 trying to remember if there was -- if
19 this came to be. I don't recall.

20 Q. You don't recall --

21 A. I don't recall if it got
22 past the proposal stage.

23 Q. So do you see on the second
24 page of the document, not counting the

1 title page, it says, Fees and payment
2 terms?

3 A. Yes.

4 Q. And it provides preliminary
5 estimates of total costs.

6 A. Yes.

7 Q. Do you see that?

8 A. I do.

9 Q. And it states that, Budget
10 assumptions include honorarium, hotel and
11 travel expenses for 12 consultants.

12 A. Correct.

13 Q. At \$3,000 honorarium and
14 chair honorarium of \$3,500?

15 A. Yes.

16 Q. So you don't recall, one way
17 or another, as to whether or not this
18 Kadian advisory board actually took place
19 or not?

20 MR. ROTH: Object to the
21 form. Asked and answered.

22 THE WITNESS: I know that
23 sounds crazy, I don't. I don't
24 believe we would have had one for

1 Kadian. I don't recall ever
2 holding a meeting for Kadian like
3 this.

4 BY MS. BAIG:

5 Q. If it did take place, who
6 else would have been involved?

7 MR. ROTH: Objection. Calls
8 for speculation. Form.

9 THE WITNESS: Based on who
10 attended the MoxDuo meeting, I
11 would say Nathalie would have been
12 there.

13 BY MS. BAIG:

14 Q. Was Nathalie at the MoxDuo
15 meeting?

16 A. I believe -- yes.

17 Q. So it would just be -- if it
18 had gone forward, it would likely have
19 been you, Nathalie and --

20 A. Nathalie, yes.

21 Q. -- and the medical advisors
22 who --

23 A. I don't know if they were on
24 board in 2011 at that time.

1 Q. No. I meant the clinicians
2 identified on the first page.

3 A. Oh, I'm sorry. Yes.

4 Q. In your capacity as
5 marketing director, did you receive
6 adverse reports?

7 A. No.

8 Q. You never received any
9 adverse incident reports?

10 A. That would have been
11 pharmacovigilance.

12 Q. And who headed the
13 pharmacovigilance department?

14 A. I don't know. I believe it
15 falls under regulatory, but I'm not sure.

16 Q. Do you know anybody that was
17 in the pharmacovigilance department when
18 you were there?

19 A. I don't.

20 Q. You never had any occasion
21 to talk with anybody from
22 pharmacovigilance?

23 A. Not that I'm aware of, no.

24 Q. And you never had any

1 occasion to see any adverse reports?

2 MR. ROTH: Object to the

3 form.

4 THE WITNESS: No.

5 BY MS. BAIG:

6 Q. Did you ever have -- did you

7 ever receive any information about

8 adverse reports?

9 MR. ROTH: Object to form.

10 THE WITNESS: Specifically,

11 any reports that came in --

12 BY MS. BAIG:

13 Q. Or generally.

14 You testified that you

15 didn't ever actually see the reports --

16 A. Right. Right.

17 Q. -- or talk with anybody from

18 the pharmacovigilance department.

19 A. Right.

20 Q. But my question now is a

21 little bit broader.

22 Did you ever receive any

23 summary information or any information

24 about adverse reports?

1 A. Not that I recall.

2 Q. Who is Cardinal Health
3 Specialty Pharmaceutical Services?

4 A. I believe they are a major
5 wholesaler.

6 Q. So just -- that's the same
7 as Cardinal Health?

8 A. It's a subsidiary, I
9 believe.

10 Q. And did you work directly
11 with Cardinal Health at all?

12 A. Every once in a while they
13 would offer marketing programs to us,
14 based on, you know, business. So a very
15 tertiary role with their marketing team.

16 Q. So their marketing team
17 would reach out directly to you, or how
18 would that work?

19 A. No. It would come through a
20 trade.

21 Q. So can you give me an
22 example of how that happened in the past
23 when you were there?

24 A. Sure. They would run

1 programs where you would earn a certain
2 amount of points, you know, earn three
3 marketing points and you could do --
4 select from different programs they had
5 for marketing.

6 So Ara, in trade, would
7 alert me, hey, we have three marketing
8 points, what would you like to do.

9 Q. So the person whose name is
10 Ara in the trade department would alert
11 you that Cardinal --

12 A. Cardinal was offering --

13 Q. Three marketing points?

14 A. That we had earned three
15 marketing points with Cardinal. So we
16 could send an e-mail blast or a flyer or
17 that kind of thing.

18 Q. Oh, I see. And how do you
19 go about earning the marketing points?

20 A. I don't know the specifics
21 of that.

22 Q. Generally.

23 A. We sell product through
24 Cardinal.

1 Q. So is it like a rebate?

2 MR. ROTH: Object to the
3 form. Lacks foundation. Calls
4 for speculation.

5 MR. McBRIDE: Object to
6 form.

7 THE WITNESS: I don't know.

8 I don't believe it's a rebate.

9 BY MS. BAIG:

10 Q. So if you sell a certain
11 amount of product, in return you're
12 awarded a certain number of points?

13 A. I don't know that.

14 MR. McBRIDE: Objection.

15 BY MS. BAIG:

16 Q. Is that your general
17 understanding of how it works?

18 A. I don't know how we earn the
19 points. I would just get an e-mail
20 saying we've earned points.

21 Q. And you would get that from
22 Ara in the trade department?

23 A. Right.

24 Q. Do you know how he learned

1 that you received the points?

2 A. Through Cardinal.

3 Q. And what would you do with
4 those points, as a marketing director?

5 A. Like I said, a flyer, an
6 e-mail campaign, those kinds of things.

7 Q. So what would happen? If
8 you had three marketing points that could
9 be used for purposes of a flyer, what
10 does that mean? You could then --

11 A. A Kadian flyer would go out
12 to --

13 Q. To who?

14 A. That's a great question. It
15 was physicians, perhaps, or pharmacists,
16 depending on the program.

17 Q. And who would send -- so
18 Cardinal would send it out for you?

19 A. Yes.

20 Q. Did you receive similar
21 sorts of points from any other
22 distributors?

23 MR. ROTH: Object to the
24 form.

1 BY MS. BAIG:

2 Q. For example,

3 AmerisourceBergen?

4 A. I don't recall.

5 Q. Or from McKesson?

6 A. I don't recall points from
7 them either.

8 Q. And where would the
9 information be regarding how you can earn
10 points from Cardinal Health? Would that
11 be in a contract --

12 A. I don't know.

13 Q. -- that Actavis has with
14 Cardinal Health?

15 A. I don't know.

16 Q. You've never -- you've never
17 seen any information about how Actavis
18 can earn points from Cardinal Health?

19 A. No. I don't recall seeing
20 that, no.

21 MS. BAIG: Let's have this
22 document marked as the next
23 exhibit. It's going to be Exhibit
24 Number 16.

1 - - -

2 (Whereupon, Allergan-Altier
3 Exhibit-16, Actavis 0977980-7998,
4 was marked for identification.)

5 - - -

6 MS. BAIG: This document is
7 Bates stamped Actavis 0977980
8 through 0977998.

9 BY MS. BAIG:

10 Q. And if you turn to the
11 second page, do you see it begins, Dear
12 Erica, and it's dated April 20th, 2011?

13 A. Yes.

14 Q. And in the first full
15 paragraph, under customer service, it
16 states, Actavis contracts all customer
17 service support for Kadian to a
18 third-party vendor, Cardinal Health
19 Specialty Pharmaceutical Services,
20 Cardinal SPS.

21 Do you see that?

22 A. I do.

23 Q. It goes on to state that,
24 Cardinal SPS provides a dedicated phone

1 and fax line for Kadian customers to
2 phone in purchase orders and general
3 inquiries. Kadian customers that
4 Cardinal SPS interacts with are primarily
5 wholesalers and distributors.

6 Do you see that?

7 A. I do.

8 Q. Okay. And do you think it's
9 through this sort of contract that the
10 points would be negotiated and awarded?

11 MR. ROTH: Objection to
12 form. Lacks foundation. Calls
13 for speculation.

14 MR. McBRIDE: Objection.

15 BY MS. BAIG:

16 Q. Do you know?

17 A. I don't have any idea, no.

18 Q. Okay. Do you know who Erica
19 is?

20 A. No. It doesn't -- the
21 e-mail says Erica Barillo, but I don't
22 know -- it doesn't say where she's
23 located.

24 Q. Did you ever do any training

1 for -- with your sales reps regarding
2 adverse event reporting?

3 MR. ROTH: Object to the
4 form.

5 THE WITNESS: I know there
6 was always training, in terms of
7 if they were made aware of an
8 adverse event, there was a phone
9 number to call, which was the
10 pharmacovigilance line. And there
11 was training around the timing
12 that that had to be done by.

13 BY MS. BAIG:

14 Q. Were you part of training
15 the sales reps in that area?

16 A. No, I was not responsible
17 for that.

18 Q. Who did that?

19 A. I don't know. It looks like
20 it was -- there were sign-off sheets
21 here. It just says inVentiv commercial
22 services, healthcare compliance training
23 roster. I don't know who conducted the
24 training.

1 But these were the sign-in
2 sheets that showed that the training was
3 conducted. And the details about that
4 training is in the PowerPoint attached.

5 Q. So in the first page of that
6 PowerPoint, it says, inVentiv healthcare
7 compliance training interactions with
8 healthcare professionals. And then it
9 says, Actavis.

10 Do you see that?

11 A. Not yet.

12 The first page of this
13 PowerPoint?

14 MR. ROTH: What Bates stamp
15 are you on?

16 BY MS. BAIG:

17 Q. Actavis 0977986.

18 A. Oh, the first one.

19 So right there it says it
20 was presented by Tricia Glover and Scott
21 Miller, who, I believe, were at inVentiv.

22 Q. And did you work with Tricia
23 Glover and Scott Miller at all?

24 A. I don't think I know them.

1 Q. Have you ever seen this
2 document before?

3 A. It doesn't look familiar.
4 But I used to say they all look the same.
5 Everybody's AE product complaints are
6 essentially the same.

7 MS. BAIG: Can we have this
8 document marked as Exhibit-17?

9 - - -

10 (Whereupon, Allergan-Altier
11 Exhibit-17, Actavis 0357036-7057,
12 was marked for identification.)

13 - - -

14 MS. BAIG: The document is
15 Bates stamped Actavis 0357036 to
16 Actavis 0357057. It starts as an
17 e-mail string from Nathalie Leitch
18 to Jennifer Altier, dated July
19 22nd, 2011.

20 BY MS. BAIG:

21 Q. And it appears to attach a
22 PowerPoint entitled, Introduction of
23 oxymorphone hydrochloride
24 Extended-Release Tablets.

1 A. Yes.

2 Q. And it states it's a sales
3 training class.

4 Do you see that?

5 A. I do.

6 Q. Do you recall this sales
7 training class?

8 A. I believe this, so this was
9 put together by David Myers, who was the
10 generic marketing person.

11 And I believe this was
12 developed with -- our sales force briefly
13 helped create awareness about the
14 product, that it was available.

15 Q. What was David Myers's
16 position?

17 A. He was in the generic
18 marketing group. It says he was senior
19 manager, products and communications.

20 Q. Did he report to Nathalie
21 Leitch?

22 A. No. I think he would have
23 reported to Jinping McCormick, who headed
24 up generic marketing.

1 Q. How do you spell Jin --

2 A. It's a woman.

3 J-I-N-P-I-N-G, Jinping.

4 Q. And where does Nathalie
5 Leitch fit in that -- in that report
6 line?

7 A. She didn't.

8 MR. ROTH: Object to the
9 form.

10 THE WITNESS: She wasn't in
11 marketing for generics.

12 BY MS. BAIG:

13 Q. Oh, okay. I thought you
14 told me Nathalie Leitch was responsible
15 for generic products earlier?

16 A. She had responsibility for
17 generic products, but I don't believe the
18 marketing of them.

19 Q. So what responsibility did
20 she have for generic products?

21 A. That's why I said I couldn't
22 really comment what she did. I believe
23 she handled the injectables, but I don't
24 know to what -- I can't, with any degree

1 of accuracy, convey what her
2 responsibilities were for them.

3 Q. So she did not handle
4 marketing for generics?

5 A. No, I don't believe she did.

6 Q. That would be Jinping
7 McCormick?

8 A. Yes.

9 Q. And David Myers?

10 A. David Myers reported to her.

11 Q. Anybody else?

12 A. There were other people. I
13 just don't remember who right now. There
14 might have been one or two others.
15 Rachel Galiant. I think she and David
16 split the products.

17 Q. So Rachel Galiant and David
18 Myers split the products in the generic
19 marketing unit and both reported to
20 Jinping McCormick; is that correct?

21 A. I believe so.

22 Q. And did you have occasion to
23 work with Rachel Galiant and David Myers?

24 A. Not very often at all.

1 David, obviously, put this slide
2 presentation together for us.

3 Q. And this is an oxymorphone
4 sales training, correct?

5 A. Correct.

6 Q. So it's a generic drug sales
7 training, correct?

8 A. It was about a generic
9 product, yes.

10 Q. Okay. And do you see in the
11 second e-mail, halfway down, it says, Hi
12 Ara, the attached slide deck is approved
13 for use in Monday's presentation to the
14 Kadian sales team.

15 Do you see that?

16 A. I do.

17 Q. So this slide deck was
18 provided or presented to the Kadian sales
19 team, correct?

20 A. Yes.

21 Q. And oxymorphone was the
22 generic for Opana ER; is that right?

23 MR. ROTH: Object to the
24 form.

1 THE WITNESS: Yes.

2 According to the presentation,
3 it's AB rated to Opana ER.

4 BY MS. BAIG:

5 Q. And are you aware whether
6 Opana ER was subsequently pulled from the
7 market?

8 A. I don't know if it was
9 subsequently pulled. It's just at this
10 point in time, Endo had discontinued the
11 7.5 and 15 mg strengths.

12 Q. Do you know why?

13 A. It just says, Endo did not
14 withdraw these strengths due to safety
15 reasons.

16 Q. Do you know whether Opana ER
17 was later withdrawn from the market by
18 the FDA?

19 A. I don't.

20 Q. You don't know one way or
21 another?

22 A. No.

23 Q. Do you see on the page
24 entitled, Key Messages, which is Actavis

1 057042 --

2 A. Yes.

3 Q. -- and it provides an
4 example script --

5 A. Uh-huh.

6 Q. -- for the Kadian sales
7 force to use when introducing Actavis's
8 generic oxymorphone?

9 A. Exactly.

10 Q. And at the end it states,
11 Please -- as part of the script to the
12 doctor, Please consider prescribing these
13 generic strengths for the appropriate
14 patients.

15 Do you see that?

16 MR. ROTH: Object to the
17 form.

18 THE WITNESS: I do.

19 BY MS. BAIG:

20 Q. And the next page is a sell
21 sheet, it says, front and back?

22 A. Yes.

23 Q. Is that something that's
24 left with the doctors by the sales force?

1 A. If it was designed to --
2 it's designed to be used with the
3 doctors. If it was designed to be left,
4 I can't tell from this.

5 Q. Well, what is a sell sheet?

6 MR. ROTH: Object to the
7 form. Lacks foundation. Calls
8 for speculation.

9 THE WITNESS: They would use
10 it to present the information to
11 the doctor.

12 BY MS. BAIG:

13 Q. Meaning they would --

14 A. It says, Please see attached
15 for full prescribing information. If the
16 full PI was attached, the full
17 prescribing information was attached, it
18 would be appropriate as a leave-behind.

19 Q. So this was likely a
20 leave-behind?

21 A. It could have been, yes.

22 Q. And then do you see on the
23 next page that's identified marketing
24 support --

1 A. Yes.

2 Q. -- it discusses a two-wave
3 direct mail campaign to the top 10,000
4 prescribing doctors.

5 Do you see that?

6 A. I do.

7 Q. And it also references
8 journal advertising?

9 A. I do.

10 Q. And an e-mail campaign,
11 correct?

12 A. Yes.

13 Q. So is it your understanding
14 that the sales reps were being told about
15 the direct mail campaign, the general
16 advertising and the e-mail campaign for
17 oxymorphone here?

18 MR. ROTH: Object to the
19 form. Lacks foundation. Calls
20 for speculation.

21 THE WITNESS: Yes. If it
22 was in the slide presentation,
23 they were informed that that was
24 happening.

1 BY MS. BAIG:

2 Q. And then after that, it
3 shows, if you flip through the next few
4 pages, that the Kadian sales force was
5 provided with the indications and usage,
6 as well as the oxymorphone boxed
7 warning --

8 A. They were trained on the
9 safety information.

10 Q. -- and the safety
11 information of oxymorphone, correct?

12 A. Yes.

13 Q. And then they were given a
14 list of dos in terms of what to discuss
15 regarding the generic product
16 availability; is that right?

17 A. Dos?

18 MR. ROTH: Object to the
19 form of the question.

20 BY MS. BAIG:

21 Q. It's on page Actavis 05 --
22 sorry. 0357051.

23 A. They were given dos, and
24 then on the next page don'ts.

1 Q. Right. So they were given
2 dos and don'ts with respect to the
3 generic --

4 A. Yes.

5 Q. -- oxymorphone, which is the
6 generic product for Opana ER, correct?

7 A. Correct.

8 Q. And these are dos in terms
9 of what they should discuss or mention
10 with prescribers?

11 A. Correct.

12 Q. And then where you see
13 compensation and incentives, it's at Page
14 Actavis 0357054 -- do you see that?

15 A. I do.

16 Q. And it states, A team award,
17 an individual award -- and an individual
18 award.

19 Do you see that?

20 A. I do.

21 Q. And it states, The top
22 regional team with the highest cumulative
23 prescription written for the period of
24 August through October 2011.

1 Is that suggesting that the
2 top regional team will receive an award?

3 A. Yes.

4 Q. And each member of the team
5 would win \$500?

6 A. That's what the bullet says,
7 yes.

8 Q. And for the individual
9 awards, it suggests that each individual
10 award is \$1,000; is that right?

11 A. That's right.

12 Q. So according to this, the
13 Kadian sales force would be receiving
14 awards if they achieved the highest
15 cumulative prescriptions written for the
16 generic oxymorphone, correct?

17 MR. ROTH: Objection. Lacks
18 foundation. Calls for
19 speculation.

20 THE WITNESS: I'm sorry,
21 could you repeat the question?

22 BY MS. BAIG:

23 Q. So according to this, the
24 Kadian sales force would be receiving

1 awards if they achieved the highest
2 cumulative prescriptions written for the
3 generic oxymorphone, correct?

4 MR. ROTH: Object to the
5 form. Lacks foundation. Calls
6 for speculation.

7 THE WITNESS: Members of the
8 team, yes.

9 BY MS. BAIG:

10 Q. Yes, okay.

11 The next page is called,
12 Prescription Data. It says, Average
13 monthly --

14 A. TRX.

15 Q. TRX. What does TRX stand
16 for?

17 A. Total prescriptions.

18 Q. Total.

19 And are these sales targets
20 for the Kadian sales force team?

21 A. No. It appears that's
22 historical data.

23 Q. Okay. And that's historical
24 data that would just be tracked by

1 Actavis, correct?

2 A. I imagine so. I don't know
3 what the source is.

4 Q. But you wouldn't need an
5 outside vendor to track -- is this data
6 for the Actavis sales team?

7 MR. ROTH: Objection to the
8 form. Lacks foundation. Calls
9 for speculation.

10 BY MS. BAIG:

11 Q. What does this slide show,
12 to your knowledge?

13 A. I can't tell by the slide.
14 The average monthly TRX, just of the
15 strengths.

16 Q. So it says, Average monthly
17 total prescriptions.

18 Right?

19 A. Uh-huh.

20 Q. And then it says, January
21 through March 2011, average total
22 prescriptions.

23 Right?

24 A. Right.

1 Q. And then it lists, for 15
2 milligrams, the average total
3 prescriptions from January through March
4 of 2011 were 5,760, right?

5 A. I think what you're asking
6 is, is that just Actavis or the total
7 market; I don't know.

8 Q. What is KGC, do you know?

9 A. KGC. I'm sorry, I don't.

10 Q. Qualitative -- there's a
11 document I see called, KGC, Kadian
12 long-acting opioid decision-making
13 process, qualitative research review
14 interviews prepared for Actavis.

15 Do you know what that is?

16 A. It sounds like a market
17 research study, but I couldn't be sure.

18 MS. BAIG: Let's have this
19 document marked as Exhibit-17.

20 It's Actavis 0361608 through
21 Actavis 0361653. And it begins as
22 an e-mail from Nathalie Leitch to
23 you, dated June 28th, 2011.

24 - - -

1 (Whereupon, Allergan-Altier
2 Exhibit-18, Actavis 0361608-1653,
3 was marked for identification.)

4 - - -

5 BY MS. BAIG:

6 Q. It states under,
7 attachments, October 30th, Kadian final
8 report.

9 Do you see that?

10 A. I do. This is the company I
11 mentioned, I think I called them LPG.
12 It's KGC.

13 Q. Okay. Do you know what KGC
14 stands for?

15 A. I don't.

16 Q. So this was what type of
17 company?

18 A. A market research vendor.

19 Q. And thumbing through this,
20 do you have a notion of what document
21 this is, what market research project
22 this was?

23 A. Based on the project
24 objectives listed on, I don't know, the

1 third page, this could have been the 29
2 physicians, it seems like kind of a
3 coincidental number, that we talked about
4 earlier.

5 Q. Okay. So this was the study
6 that was performed to determine what
7 prescribers' opinions were with respect
8 to the use of Kadian?

9 MR. ROTH: Object to the
10 form.

11 BY MS. BAIG:

12 Q. Where they interviewed, the
13 29 physicians?

14 A. It appears to be the report
15 that that was based on, yes.

16 Q. And do you see in the
17 executive overview, on Actavis 0361615,
18 it states, Physicians are mostly
19 satisfied with Kadian because they
20 believe Kadian is a safe, efficacious,
21 clean drug?

22 A. I do.

23 Q. What actions were taken as a
24 result of this study, do you know, with

1 respect to marketing?

2 MR. ROTH: Object to the
3 form.

4 THE WITNESS: The results
5 were presented at the sales
6 meeting that you saw.

7 BY MS. BAIG:

8 Q. Okay. And so, for example,
9 on the next page, it says, Kadian has no
10 known current messaging or position
11 strategy.

12 A. Uh-huh.

13 Q. How was that communicated to
14 sales reps?

15 A. I don't remember what the
16 slide said. It might have said that
17 exact thing, or not said that at all. I
18 don't recall if we shared that. I'd have
19 to look back.

20 Q. Is that a message that you
21 would communicate to sales reps to have
22 them step up their messaging to
23 prescribers?

24 MR. ROTH: Objection to the

1 form. Calls for speculation.

2 THE WITNESS: No. It would
3 be more, I would say, a reflection
4 on marketing, in terms of
5 messaging.

6 But, like I said, especially
7 after the warning letter, colorful
8 PI, very benign, conservative
9 message strategy. So I'm not
10 surprised that that comes back.

11 BY MS. BAIG:

12 Q. So this is one year after
13 the FDA warning letter, correct?

14 A. Yes.

15 Q. And this was presented to --
16 just presented to or actually provided to
17 sales reps, do you know?

18 A. This document itself would
19 have just been provided to, say, myself
20 and Nathalie.

21 Q. And no one else?

22 A. No. We were the main
23 contacts for the market research.

24 MS. BAIG: Let's have the

1 next document marked as
2 Exhibit-19, please.

3 - - -

4 (Whereupon, Allergan-Altier
5 Exhibit-19, Actavis 0956746-6747,
6 was marked for identification.)

7 - - -

8 MS. BAIG: This is just a
9 two-page document, Bates stamped
10 Actavis 0965746 to Actavis
11 0965747. And it's a field contact
12 form.

13 BY MS. BAIG:

14 Q. What's a field contact form?

15 MR. ROTH: Object to the
16 form. Lacks foundation. Calls
17 for speculation.

18 THE WITNESS: I don't know.
19 It must have been something the
20 sales force used.

21 BY MS. BAIG:

22 Q. You've never seen a field
23 contact form before?

24 A. I have not.

1 Q. Do you know who Kristie
2 Robinson is?

3 A. I can just assume she was
4 the area manager, based on the form.

5 Q. So she would be an inVentiv
6 employee?

7 A. I believe so.

8 Q. And how about Chris Hepp?

9 A. Yes, so he was the regional
10 director.

11 Q. So he was an inVentiv
12 employee?

13 A. I believe, yes.

14 Q. And their territory is
15 indicated as Phoenix, correct?

16 A. Yes.

17 Q. And it appears that this is
18 a document that provides sales reps with
19 observations on their performance.

20 Would you agree?

21 MR. ROTH: Object to the
22 form. Lacks foundation. Calls
23 for speculation.

24 THE WITNESS: Based on what

1 I'm reading, yes.

2 BY MS. BAIG:

3 Q. And do you see on the last
4 page, there's a section called,
5 Developmental opportunities/action plan?

6 A. Yes.

7 Q. And it's stated there
8 that -- it's stated there to, quote,
9 Limit your generic oxymorphone calls only
10 on the highest-prescribing Opana ER
11 targets.

12 Do you see that?

13 A. I do.

14 Q. And that -- below it states,
15 Regional director signature, Chris Hepp.

16 A. Uh-huh.

17 Q. And do you see on the first
18 page, it says, Kadian sales results. And
19 it lists \$337,865?

20 A. Yes.

21 Q. That's for the current
22 month, then, June 2011, correct?

23 MR. ROTH: Object to the
24 form. Lacks foundation. Calls

1 for speculation.

2 BY MS. BAIG:

3 Q. Is that your read of the
4 document?

5 A. Just based on reading it,
6 yes.

7 Q. And in the bullet right
8 underneath that, it says, Kristie, your
9 Kadian sales continue to outpace that of
10 the region and the nation.

11 Do you see that?

12 A. I do.

13 Q. Is your read of this that
14 Kristie was a Kadian sales rep?

15 A. Yeah. I'm confused why they
16 have her as an area manager. But based
17 on that, I would say -- she's the number
18 one area business manager in the country.
19 But she's in the sales organization,
20 clearly.

21 Q. And by "sales organization,"
22 you mean inVentiv?

23 A. Correct.

24 Q. So is your read that she's

1 responsible for sales in her territory,
2 which is Phoenix?

3 MR. ROTH: Object to the
4 form. Lacks foundation.

5 THE WITNESS: Based on this
6 sheet, yes.

7 BY MS. BAIG:

8 Q. And she's being told to
9 limit generic oxymorphone calls only to
10 high-prescribing Opana ER targets at the
11 end, correct?

12 MR. ROTH: Object to the
13 form. Lacks foundation. Calls for
14 speculation. Asked and answered.

15 THE WITNESS: I mean, that
16 would make sense, since the only
17 information we were providing was
18 that it was available. If they
19 weren't prescribing Opana, they
20 wouldn't care that it was
21 available.

22 BY MS. BAIG:

23 Q. But it doesn't say that in
24 this document, right?

1 A. No.

2 MS. BAIG: Let's have the
3 next document marked as
4 Exhibit-20, please.

5 - - -

6 (Whereupon, Allergan-Altier
7 Exhibit-20, Actavis 0264936-4949,
8 was marked for identification.)

9 - - -

10 MS. BAIG: It's Bates
11 stamped Actavis 0264936 to Actavis
12 0264949.

13 BY MS. BAIG:

14 Q. And it's from Mark Killion
15 to yourself on July 10th, 2012.

16 Do you see that?

17 A. I do.

18 Q. It's an e-mail attaching a
19 PowerPoint.

20 Do you see that?

21 A. Uh-huh.

22 Q. And the PowerPoint is
23 entitled, Pain Market Overview.

24 Do you see that?

1 A. I do.

2 Q. And it states there was a
3 training class October 19th to 20, 2011
4 with inVentiv Health.

5 Do you see that?

6 A. I do.

7 Q. Do you recall this training
8 class?

9 A. Not offhand, no.

10 Q. And this would have been a
11 training class for sales reps, opioid
12 sales reps?

13 A. Presumably.

14 Q. This would have been a
15 training for Kadian sales reps, correct?

16 A. Presumably, yes.

17 Q. Well, were there any other
18 sales reps that would receive this
19 training?

20 A. No. I just don't know who
21 the target audience was. But presumably
22 it's Kadian sales reps.

23 Q. Well, Mark Killion's
24 position was what, again?

1 A. He was the Midwest region
2 business director.

3 Q. In sales?

4 A. Yes.

5 Q. And do you -- why would he
6 be sending you this document, do you
7 know?

8 A. I don't know.

9 Q. Would he be the person to
10 create this document for you to use to
11 train the sales reps?

12 MR. ROTH: Objection to
13 form.

14 THE WITNESS: I don't
15 recall.

16 BY MS. BAIG:

17 Q. Did you create this
18 document?

19 A. I don't believe I did, no.

20 Q. But you received this
21 document in the regular course of your
22 business, correct?

23 A. Correct.

24 Q. And do you see under the

1 overview, it says, Definition of pain,
2 types of pain, goals of pain management,
3 pain management practitioners, and
4 chronic pain treatment?

5 Do you see that?

6 A. I do.

7 Q. And then on the next page,
8 the question is -- the caption is, What
9 is pain?

10 Do you see that?

11 A. I do.

12 Q. And do you see the first
13 bullet that says, The most commonly used
14 definition of pain is, quote, any
15 sensation the patient perceives to be
16 uncomfortable, end quote.

17 Do you see that?

18 A. Yes.

19 Q. And this, I think we said,
20 document was sent to you in 2012, right?

21 A. Right. So --

22 Q. So it's two years after the
23 FDA warning letter?

24 A. Right.

1 MR. ROTH: Objection to
2 form.

3 THE WITNESS: And long after
4 the training class.

5 BY MS. BAIG:

6 Q. The training class was July
7 6th, 2010, correct?

8 A. It says October 19 to 20,
9 2011.

10 Q. Okay. October 2011.
11 Still after the FDA warning
12 letter, right?

13 A. Yes.

14 Q. Do you see on Page 11 of the
15 PowerPoint, it says, Long-acting opioid
16 agents?

17 A. Yes.

18 Q. And of the products listed,
19 which ones are Actavis products?

20 MR. ROTH: Objection to
21 form.

22 THE WITNESS: The ones I'm
23 familiar, that are Actavis
24 products, Kadian.

1 BY MS. BAIG:

2 Q. What about Avinza?

3 A. I believe that was a
4 competitive product.

5 Q. And then Opana ER is also
6 listed, correct?

7 A. Correct.

8 Q. And Actavis had a generic
9 product for Opana ER, oxymorphone,
10 correct?

11 MR. ROTH: Object to the
12 form.

13 THE WITNESS: Correct.

14 BY MS. BAIG:

15 Q. And OxyContin is also
16 listed, correct?

17 A. It is.

18 Q. Did Actavis have a generic
19 product for OxyContin, oxycodone?

20 MR. ROTH: Object to the
21 form. Lacks foundation. Calls
22 for speculation.

23 THE WITNESS: I don't
24 remember.

1 BY MS. BAIG:

2 Q. And Duragesic is also
3 listed?

4 A. Yes.

5 Q. Do you know if Actavis also
6 had a generic product for Duragesic in
7 the form of a Fentanyl patch?

8 MR. ROTH: Objection. Calls
9 for speculation.

10 THE WITNESS: I don't know.

11 BY MS. BAIG:

12 Q. You don't know.

13 And do you see on the next
14 page, it identifies pain management
15 practitioners?

16 A. Yes.

17 Q. And it lists
18 anesthesiologists, physical medicine and
19 rehabilitation, medical oncologists,
20 neurologists, neurosurgeons, orthopedic
21 surgeons, rheumatologists, primary
22 care/internal medicine, nurse
23 practitioners/physicians assistants, and
24 nurses, hyphen, day-to-day contact with

1 patients.

2 Do you see that?

3 A. I do.

4 Q. And were these targets for
5 the sales reps?

6 MR. ROTH: Object to the
7 form.

8 THE WITNESS: Not all of
9 them. They would have been just
10 for background use. These are
11 specialties that treat pain in
12 general.

13 BY MS. BAIG:

14 Q. So these are potential
15 targets, then?

16 MR. ROTH: Object to the
17 form. Asked and answered.

18 THE WITNESS: Not
19 necessarily.

20 BY MS. BAIG:

21 Q. Is there anything in here
22 that suggests to the sales reps that they
23 should not contact these types of
24 providers on these sheets?

1 MR. ROTH: Object to the
2 form.

3 THE WITNESS: They wouldn't
4 have been on their target list.

5 BY MS. BAIG:

6 Q. Do you see the last page
7 says, Barriers to effective pain control?

8 A. Yes.

9 Q. And the first bullet says,
10 Fear of addiction?

11 A. Yes.

12 Q. Does this refresh your
13 recollection that fear of addiction was
14 being contemplated as a barrier to
15 effective pain control at Actavis when
16 you were there?

17 MR. ROTH: Objection, form.
18 Lacks foundation.

19 THE WITNESS: Yeah, it
20 doesn't bring up any discussions
21 we've had. But I see it's listed
22 here.

23 BY MS. BAIG:

24 Q. And, Opioid phobia, do you

1 see that?

2 A. Uh-huh.

3 Q. Opioid phobia was also
4 considered a barrier to effective pain
5 control at Actavis when you were there.

6 Do you see that?

7 MR. ROTH: Objection to
8 form. Lacks foundation. Calls
9 for speculation.

10 THE WITNESS: Yeah, I'm not
11 exactly sure what that refers to.
12 Is that related to fear of
13 addiction, they are afraid to take
14 opioids?

15 BY MS. BAIG:

16 Q. Opioid phobia?

17 A. Uh-huh.

18 Q. Well, do you recall it being
19 discussed by Dr. Perry Fine in the
20 medical advisory board that you were
21 involved in that we just went through the
22 transcript of?

23 A. No.

24 MR. ROTH: Object to the

1 form.

2 BY MS. BAIG:

3 Q. You don't remember opioid
4 phobia being raised there?

5 A. No.

6 Q. You don't remember opioid
7 phobia ever being raised at Actavis when
8 you were there?

9 A. No, that's why I'm asking.
10 Is it related to a patient's
11 fear of being addicted to opioids?

12 Q. Well, it's -- you know, I
13 could ask you the same questions --

14 A. Okay. I'm sorry.

15 Q. -- in this PowerPoint
16 presentation that was given to you.

17 A. I can't comment any more
18 than what's on the slide.

19 Q. So you don't understand what
20 opioid phobia means or why it's on this
21 slide --

22 A. Right.

23 Q. -- that was presented to
24 your sales force?

1 You don't know?

2 A. I don't recall us talking
3 about it.

4 Q. No idea?

5 A. I have an idea, somebody who
6 is afraid of opioids. But I can't give
7 you any more context.

8 Q. You don't know why it was
9 identified on this slide that was
10 presented to your sales reps?

11 A. Right. It certainly wasn't
12 a major portion.

13 Q. Well, you don't know either
14 way, because you don't really recall it,
15 right?

16 A. Right. I guess, I'm just
17 extrapolating I would recall it if we
18 talked about it a lot.

19 MS. BAIG: Let's have this
20 document marked as the next in
21 line, please. It's Actavis
22 0264950 through 0265018. It
23 starts with another e-mail from
24 Mark Killion to yourself on July

1 10th, 2012. Exhibit-21, please.

2 - - -

3 (Whereupon, Allergan-Altier
4 Exhibit-21, Actavis 0264950-5018,
5 was marked for identification.)

6 - - -

7 BY MS. BAIG:

8 Q. And it states there's an
9 attachment, objection handling message
10 PowerPoint --

11 A. Yes.

12 Q. -- and Kadian promotional
13 training slides.

14 Do you see that?

15 A. I do.

16 Q. Did you receive these
17 documents in the regular course of your
18 business at Actavis?

19 A. I did.

20 Q. Do you recall for what
21 purpose?

22 A. No.

23 Q. Were these presentations
24 also that were prepared and presented to

1 sales reps?

2 A. It appears --

3 MR. ROTH: Object to the

4 form. Lacks foundation.

5 THE WITNESS: Sorry.

6 It appears to be.

7 BY MS. BAIG:

8 Q. And it provides suggestions
9 for the sales reps on how to address
10 doctors' questions; is that right?

11 MR. ROTH: Object to the
12 form.

13 BY MS. BAIG:

14 Q. I'm looking at Page 2.

15 A. I don't know if it provides
16 suggestions. It provides training on how
17 to respond.

18 Q. And then, for example, on
19 that page, it says, They can say
20 something like, why don't you use Kadian?

21 Correct?

22 A. Why don't you use Kadian
23 first line.

24 Q. What does that mean, "first

1 line"?

2 A. As your first agent of
3 choice.

4 Q. So the sales reps are being
5 taught to ask the physicians that,
6 correct?

7 MR. ROTH: Object to the
8 form.

9 THE WITNESS: That's what it
10 says here on the slide.

11 BY MS. BAIG:

12 Q. Okay. And do you see where
13 it lists side effects on the next couple
14 of slides?

15 A. Yes.

16 Q. And it lists excessive
17 drowsiness, nausea and vomiting,
18 constipation.

19 Do you see that?

20 A. Correct.

21 Q. Is there anything on those
22 slides about addiction?

23 A. This is direct from our
24 label.

1 Q. Is there anything on the
2 slides listing side effects that
3 identifies addiction?

4 MR. ROTH: Objection. Form.
5 You're asking just about Slides 3
6 and 4?

7 MS. BAIG: I am, yes. The
8 slides with the heading, Side
9 Effects.

10 THE WITNESS: I don't see
11 anything about addiction on these
12 slides.

13 BY MS. BAIG:

14 Q. Okay.

15 A. It may come later in the
16 presentation.

17 Q. Do you see on the next --
18 the next two slides have headings called,
19 Efficacy?

20 A. Yes. Oh, I see, yes.

21 Q. And on Slide 6, do you see
22 where it says, in the third bullet,
23 Kadian does not have a ceiling or a
24 recommended maximal dose, especially in

1 patients with chronic pain of malignancy?

2 A. Yes. That's from the label.

3 Q. In such cases, the total
4 dose of Kadian should be advanced until
5 the desired therapeutic endpoint is
6 reached or clinically significant
7 opioid-related adverse reactions
8 intervene.

9 Do you see that?

10 A. Again, that's the FDA
11 language from the label.

12 Q. So there was no recommended
13 maximum dose?

14 A. Correct.

15 The abuse warning you were
16 looking at is on Page 12, the boxed
17 warning.

18 Q. Did you see something on
19 this slide that mentions addiction?

20 A. I'm sorry, I thought you
21 said abuse.

22 Q. No, I said addiction.

23 There's nothing on this
24 slide either that says anything about

1 addiction, correct?

2 MR. ROTH: Objection to

3 form.

4 THE WITNESS: This was the

5 boxed warning from the label, from

6 the FDA.

7 BY MS. BAIG:

8 Q. I know.

9 Is there anything on here
10 that says anything about addiction?

11 MR. ROTH: Objection. Form.

12 THE WITNESS: Not on that
13 slide, no.

14 BY MS. BAIG:

15 Q. Do you see on Slide 13,
16 where it says, Kadian bolded warning?

17 A. Yes.

18 Q. And it says, Kadian capsules
19 are to be swallowed whole and not to be
20 chewed, crushed or dissolved.

21 A. Uh-huh.

22 Q. It goes on to state, Taking
23 chewed, crushed or dissolved Kadian
24 capsules leads to rapid release and

1 absorption of a potentially fatal
2 overdose of morphine.

3 Do you see that?

4 A. I do.

5 Q. Was there a recommendation
6 that they be -- that they be taken with
7 applesauce, that you recall?

8 MR. ROTH: Objection to
9 form.

10 THE WITNESS: I'm trying --
11 I know a product I worked on in my
12 past, you could sprinkle it over
13 applesauce. I don't recall if it
14 was Kadian.

15 If it's in the label, that
16 would have been permissible.

17 I'm looking at Page 11 on
18 the detailed piece -- or the
19 presentation. Kadian did allow
20 for sprinkle dosing over
21 applesauce.

22 BY MS. BAIG:

23 Q. Sprinkle dosing over
24 applesauce on Slide 11, correct?

1 A. Uh-huh.

2 Q. Do you know why that was?

3 A. The FDA said it was a
4 permissible -- it was in our label.

5 I mean, the rationale here
6 is, Capsule can be opened and the
7 contents sprinkled on applesauce for
8 patients who have difficulty swallowing.

9 Q. Didn't the label say that
10 you have to take whole?

11 A. No. This is from the label,
12 I believe. It says, Safety
13 considerations from the label. Kadian
14 capsules are to be swallowed whole or the
15 contents of the capsule sprinkled on the
16 applesauce. The pellets in the capsules
17 are not to be chewed, crushed or
18 dissolved, due to the rapid risk of
19 release and absorption of a potentially
20 fatal overdose of morphine.

21 Q. Then do you see on Slide 35,
22 there's a slide on generic morphine
23 sulfate?

24 MR. ROTH: In the second

1 presentation now?

2 MS. BAIG: Just a few pages
3 further.

4 THE WITNESS: Yep.

5 MS. BAIG: On Page 35.

6 BY MS. BAIG:

7 Q. And generic -- so this
8 entire presentation was going to the
9 Kadian sales force, correct?

10 A. Correct.

11 Q. Including this slide on
12 generic morphine sulfate?

13 A. Uh-huh.

14 Q. Who is Ed Tykot?

15 A. I think it's Ed Tykot.

16 Q. Tykot?

17 A. Who is Ed Tykot?

18 The name is familiar, but I
19 don't recall.

20 Q. Was he at Watson, do you
21 know?

22 A. Maybe.

23 Q. Did you work with Ed Tykot
24 that you recall, or no?

1 A. If I'm thinking of the right
2 person, he might have been in business
3 development for Watson.

4 Q. Do you remember a
5 presentation called, Pain Franchise
6 Business Case, from March of 2013?

7 A. March of -- I'd have to take
8 a look at it.

9 Q. Do you know what SWOT is.
10 S-W-O-T?

11 A. Sure. Strength, weaknesses,
12 opportunities and threats.

13 Q. Who is Betty DeSantis?

14 A. Is it an older document?

15 Q. 2011.

16 A. Perhaps Betty worked at our
17 original telemarketing company, TMS.

18 MS. BAIG: Let's have this
19 document marked as Exhibit-22.

20 - - -

21 (Whereupon, Allergan-Altier
22 Exhibit-22, Actavis 0335906-5914,
23 was marked for identification.)

24 - - -

1 MS. BAIG: This is Bates
2 stamped Actavis 0335906 through
3 Actavis 0335914. It starts as an
4 e-mail from you to Betty DeSantis,
5 cc to Nathalie Leitch, dated
6 November 17, 2011, subject is, New
7 script and letter. Attachments
8 are, PMS generic Kadian
9 telescript. It looks like two
10 versions of it.

11 BY MS. BAIG:

12 Q. Was this a script that was
13 provided to your sales reps?

14 A. No. This was provided to
15 the TMS telemarketing reps.

16 Q. Okay. So they are sales
17 reps, but they are just doing it by
18 telephone, correct?

19 A. This was a little bit of a
20 different model. So whereas Technekes,
21 you know, were trained by our sales force
22 and that, they went through training, but
23 they were script based.

24 Q. Okay. And these were Kadian

1 sales reps, correct?

2 MR. ROTH: Object to the
3 form.

4 THE WITNESS: They were TMS
5 employees that worked as
6 telemarketers for us.

7 BY MS. BAIG:

8 Q. Okay. So they were -- they
9 were marketing both Kadian and generic
10 drugs, correct?

11 MR. ROTH: Object to the
12 form. Mischaracterizes the
13 document.

14 THE WITNESS: As far as I
15 knew, for the company, they were
16 marketing Kadian.

17 BY MS. BAIG:

18 Q. Do you see in the
19 attachments on the first page, it's --
20 the document is identified as, TMS
21 generic Kadian telescript?

22 A. Right. So it was Kadian.
23 Kadian had gone generic.

24 Q. Got it.

1 When did Kadian go generic,
2 do you remember?

3 A. That's a great question.
4 Obviously, after November 17th, 2011.

5 Q. Is this -- would these same
6 telesales reps be marketing the new
7 dosages for Kadian that were released?

8 A. I believe this predates the
9 new dosages. And I don't recall if they
10 were still on board at the time.

11 Q. Is it your understanding
12 that this script was actually provided to
13 the telesales reps?

14 A. Yes.

15 MS. BAIG: Let's have the
16 next document marked as
17 Exhibit-23.

18 - - -

19 (Whereupon, Allergan-Altier
20 Exhibit-23, Actavis 0282841-2843,
21 was marked for identification.)

22 - - -

23 MS. BAIG: It's Bates
24 stamped Actavis 0282841 through

1 0282843.

2 BY MS. BAIG:

3 Q. And it's an e-mail string
4 that starts with an e-mail from Patrick
5 McClenahan to you, Jennifer Altier?

6 A. Yes.

7 Q. Sent June 11th, 2012.

8 And you see the subject is,
9 Speaker request for the west area?

10 A. Uh-huh.

11 I'm just reading the whole
12 thing so I can get some context.

13 Q. Sure.

14 In the meantime, do you know
15 who Patrick McClenahan is?

16 A. Yes. He was one of the
17 region business directors.

18 Q. Sales director?

19 A. Yes.

20 Q. Do you know what region?
21 West area?

22 A. No. Patrick was Gulf Coast,
23 I want to say.

24 Q. Which included what?

1 A. Like Florida area, Florida
2 Gulf.

3 Q. Do you know who the sales
4 director was for the Ohio area?

5 A. Mark Killion was Midwest.
6 So I would think it was him.

7 Q. Do you see there's an
8 indication that they need east area west
9 speakers?

10 A. Yes.

11 Q. Do you know what this is
12 about?

13 A. Based on the timing and the
14 fact that we were doing speaker requests,
15 it would have been if MoxDuo launched.
16 We were looking for a speaker request --
17 or speakers that would have participated
18 in a speakers bureau. But that never
19 came to pass.

20 Q. You never did a speakers
21 bureau for MoxDuo?

22 A. No, because it was never
23 approved.

24 MS. BAIG: I don't think I

1 have much more. Do you need a
2 break or do you just want to --

3 THE WITNESS: I'm okay.

4 MR. ROTH: Just plow
5 through.

6 - - -

7 (Whereupon, a discussion off
8 the record occurred.)

9 - - -

10 BY MS. BAIG:

11 Q. Do you know who at Actavis
12 would have tracked marketing spend and
13 return on investment?

14 MR. ROTH: Object to the
15 form.

16 THE WITNESS: Theoretically,
17 that would have been in my
18 department. I don't recall any
19 ROI analysis that we conducted off
20 the top of my head.

21 BY MS. BAIG:

22 Q. So you would -- if it were
23 done, it would have been you who would
24 have done the tracking of marketing spend

1 and return on investment?

2 A. I wouldn't --

3 MR. ROTH: Object to the
4 form. Vague.

5 THE WITNESS: I wouldn't
6 have known how to track that. I
7 assume we would have used some
8 sort of outside vendor.

9 BY MS. BAIG:

10 Q. Okay. Do you know who that
11 vendor is?

12 A. No.

13 Q. Did you ever see any
14 documents showing marketing spend and
15 return on investment?

16 A. Not that I recall.

17 Q. And you were never told
18 about any such documents?

19 A. I can't say that I was or
20 wasn't. We had very limited resources,
21 so we just kind of concentrated on
22 executing what we could. I don't know
23 that we measured a lot.

24 Q. But you don't know either

1 way?

2 A. I can't recall either way,
3 yes.

4 Q. Are you aware of any
5 physicians ever being removed as targets
6 for writing too many opioid
7 prescriptions?

8 MR. ROTH: Object to the
9 form.

10 THE WITNESS: I don't
11 recall. I'm not aware.

12 BY MS. BAIG:

13 Q. Do you recall ever having
14 any communications with anyone at Actavis
15 about potentially removing physicians
16 from target lists for writing too many
17 opioid prescriptions?

18 A. Not that I recall.

19 Q. You never had any
20 communications with anybody at Actavis
21 about that?

22 MR. ROTH: Objection. Form.

23 Mischaracterizes her testimony.

24 BY MS. BAIG:

1 Q. That you can recall.

2 A. That wouldn't really be my
3 area, to remove someone from a target
4 list. That would be sales.

5 Q. Have you heard of the APS
6 journal?

7 A. The American Pain Society
8 journal?

9 Q. Uh-huh.

10 A. I presume so, sure. I've
11 heard of the APS, not their journal. But
12 I assume they have a journal.

13 Q. Did you ever -- did you ever
14 use it or subscribe to it or use it in
15 the capacity of your work at Actavis?

16 A. Yeah, I don't know if I
17 received it. A lot of times they put you
18 on comp lists and you received them. But
19 not that I recall.

20 Q. So you might have received,
21 it but you don't remember?

22 A. Right.

23 Q. How about the Clinical
24 Journal of Pain?

1 A. All -- they would all get
2 lumped together. I don't recall.

3 Q. You don't recall which
4 journals you received and which ones you
5 didn't?

6 A. Right.

7 Q. Do you recall ever having
8 any communications with folks who were
9 writing those journals?

10 A. Who were writing the
11 articles for the journals? Like the
12 physicians?

13 Q. Yes.

14 A. Not that I recall, no.

15 Q. Are you aware of what
16 incentives were offered to sales reps for
17 meeting certain quotas or targets?

18 A. No, I wasn't involved in the
19 IC plan.

20 Q. In the what?

21 A. The IC plan, the incentive
22 compensation plan.

23 Q. Okay. Who designed that
24 plan?

1 A. I would presume Nathalie was
2 involved, perhaps with the sales
3 managers.

4 Q. And so you never heard
5 anything about what incentives were
6 provided to sales reps for meeting goals?

7 A. If I did, I don't recall.

8 Q. Were the sales reps required
9 to keep notes or records of their
10 detailing trips?

11 MR. ROTH: Object to the
12 form. Lacks foundation. Calls
13 for speculation.

14 THE WITNESS: Yeah, I also
15 don't know what their reporting
16 structure was after a sales call.
17 I assume they had an SFA system.
18 I don't know what they logged in.

19 BY MS. BAIG:

20 Q. What's SFA?

21 A. Sales force automation
22 system.

23 Q. So you assume that they had
24 a sales force automation system in which

1 they would keep notes or records of their
2 meetings with physicians?

3 A. I don't know -- I don't know
4 that they kept notes. But maybe, like, I
5 met with this person on this date kind of
6 thing.

7 Q. Have you ever seen those at
8 Actavis?

9 A. No.

10 Q. Or at inVentiv?

11 A. No.

12 Q. Who would have those
13 records, inVentiv or Actavis?

14 A. I don't know.

15 Q. So if you haven't seen them,
16 then you don't know whether they were
17 limited only to their meeting with the
18 physicians and the dates or whether they
19 had more substantive information? You
20 don't know either way; is that right?

21 A. Correct, correct.

22 Q. Did Allergan have a contract
23 with IMS, do you know?

24 A. I didn't work for Allergan.

1 Q. Did Actavis have a contract
2 with IMS?

3 A. I don't know.

4 Q. Did you ever receive any IMS
5 data?

6 A. I don't recall. If it was
7 IMS -- any company, I don't recall. If I
8 saw sales data, I don't recall where it
9 came from, what company was the vendor.

10 Q. Did you generally receive
11 sales data tracking market share for the
12 drugs, the opioid drugs?

13 MR. ROTH: Objection to
14 form.

15 THE WITNESS: I had access
16 to that information.

17 BY MS. BAIG:

18 Q. How did you have access?

19 A. I'm trying to remember.

20 I just remember, like, I
21 would -- I would be aware of what our
22 market share was, so I had to have access
23 to it somehow.

24 Q. So was it a program that you

1 could access and pull up data, or was it
2 an e-mail that you received on a regular
3 basis, or a set of documents that you
4 received on a regular basis? How did you
5 have access to that information?

6 A. It's a great question. I
7 don't recall any portal system that I
8 would log into for that data, so
9 presumably we received an e-mail on it
10 periodically.

11 Q. From whom?

12 A. Yeah, I'm pulling out of the
13 clouds here. I don't recall how I got
14 the data.

15 Q. So you got market share
16 sales data, but you don't remember what
17 it looked like, who sent it to you, or
18 who created it?

19 A. Very good.

20 Q. Do you remember how often
21 you got it?

22 A. No.

23 Q. What did you use it for?

24 A. Monitoring how we were doing

1 from a business perspective.

2 Q. And who would you discuss it
3 with?

4 A. Most likely, Nathalie.

5 Q. Did the sales materials and
6 instructions that were provided to the
7 sales reps, did they vary based on the
8 geographic area that the sales reps were
9 working in?

10 A. No.

11 MR. ROTH: Objection. Calls
12 for speculation.

13 THE WITNESS: No.

14 Everything was national.

15 BY MS. BAIG:

16 Q. Do you know whether there
17 were specific populations that were
18 targeted at all?

19 MS. RANJAN: Objection.

20 BY MS. BAIG:

21 Q. Do you recall any specific
22 populations being targeted for sales of
23 opioids?

24 MS. RANJAN: Objection to

1 the form of the question.

2 MR. ROTH: Object to the
3 form.

4 THE WITNESS: Yeah, specific
5 physicians, specific -- when you
6 say "specific populations," I
7 don't know what you're asking.

8 BY MS. BAIG:

9 Q. Do you know whether Actavis
10 specifically targeted marketing opioids
11 to the elderly?

12 A. No. We targeted physicians,
13 not patients.

14 Q. Did you target physicians
15 who treated certain types of patients?
16 You were aware of what physicians were
17 treating what types of -- had what types
18 of practices, right?

19 MR. ROTH: Object to the
20 form.

21 THE WITNESS: I don't know
22 how we would know their patient
23 population.

24 BY MS. BAIG:

1 Q. Who put together the target
2 lists?

3 A. That, I don't know. But
4 that would have been based on, you know,
5 prescription data, not patient
6 populations. Because we wouldn't know --

7 Q. Who would put together the
8 target list, inVentiv or Actavis?

9 A. I don't know. That was done
10 before I got there.

11 Q. Don't you think it changed
12 over the course of four years?

13 A. I wasn't involved, so I
14 don't know.

15 Q. So what department would you
16 think would have been responsible for
17 putting together target lists for your
18 sales efforts?

19 A. Yeah, I think we talked
20 about this before. It would have been
21 maybe a combination of Nathalie and the
22 sales team.

23 Q. So Nathalie and inVentiv?

24 A. Nathalie.

1 MR. ROTH: There's an H in
2 her name.

3 BY MS. BAIG:

4 Q. Did you work with the
5 American Geriatric Society at all?

6 A. Not at Actavis.

7 Q. Are you aware of anybody at
8 Actavis working with the American
9 Geriatric Society at all?

10 A. No, I'm not.

11 Q. Do you remember any
12 discussions at Actavis about targeting
13 veterans?

14 A. No.

15 Q. Are you aware of the 2009
16 publication distributed by the American
17 Pain Foundation called Exit Wounds?

18 A. No, I'm not.

19 Q. You never saw it?

20 A. I don't recall even hearing
21 about it.

22 Q. Do you have any
23 understanding of Actavis's
24 responsibilities under state and federal

1 law with respect to The Controlled
2 Substances Act?

3 MR. ROTH: Object to the
4 form.

5 THE WITNESS: That wasn't
6 really my area to --

7 BY MS. BAIG:

8 Q. So your answer is no?

9 A. No.

10 MR. ROTH: Object to the
11 form. Lacks foundation. She said
12 no.

13 BY MS. BAIG:

14 Q. Who would have been -- who
15 would have been in charge of making sure
16 that Actavis was complying with its --
17 with The Controlled Substances Act, the
18 requirements under The Controlled
19 Substances Act to report suspicious
20 sales?

21 MR. ROTH: Objection. Lacks
22 foundation. Objection. Form.

23 THE WITNESS: I don't know
24 enough about it to answer that

1 question.

2 BY MS. BAIG:

3 Q. Were you aware that Actavis
4 had an obligation to report suspicious
5 sales?

6 MR. ROTH: Same objections.

7 THE WITNESS: Yeah, I don't
8 recall being aware of -- being
9 informed about suspicious sales
10 and who would report that.

11 BY MS. BAIG:

12 Q. Were you aware that Actavis
13 had that obligation, or no?

14 MR. ROTH: Same objections.

15 THE WITNESS: I can't say
16 for sure -- for certain what I was
17 aware of at that time.

18 BY MS. BAIG:

19 Q. Because you don't remember?

20 A. Yes.

21 Q. Are you aware of any
22 policies and procedures to ensure that
23 Actavis was reporting and halting
24 suspicious sales?

1 MR. ROTH: Objection. Lacks
2 foundation. Calls for
3 speculation. Form.

4 THE WITNESS: I wasn't
5 familiar with those procedures.

6 BY MS. BAIG:

7 Q. And you don't know whether
8 they existed or not, do you?

9 MR. ROTH: Same objections.

10 THE WITNESS: I can't say
11 for certain.

12 BY MS. BAIG:

13 Q. Are you aware of any rebate
14 or chargeback programs in connection with
15 the sales and distribution data?

16 A. In connection with sales and
17 distribution data?

18 MR. ROTH: Objection.

19 BY MS. BAIG:

20 Q. Sorry. Sales and
21 distribution.

22 MR. ROTH: Object to the
23 form.

24 THE WITNESS: I'm reading

1 your question. Sorry.

2 Only in the general sense.

3 I understand that they happened
4 for managed care contracts, but
5 not in -- in any specificity to
6 Actavis.

7 BY MS. BAIG:

8 Q. Managed care contracts with
9 who?

10 A. Managed care organizations.

11 Q. Such as?

12 A. Aetna, United Healthcare.

13 Q. And your understanding is
14 that there are rebate or chargeback
15 programs.

16 Do you have any general
17 knowledge of how those work?

18 A. You pretty much know exactly
19 what I know. I know that rebates are
20 involved with managed care, but I don't
21 know how they work.

22 Q. Who would know that at
23 Actavis?

24 A. I'm not sure who handled

1 managed care contracts at Actavis.

2 Q. Is it a separate department?

3 A. Separate from mine, yes.

4 Q. Is it its own department?

5 A. That's what -- I don't know
6 where it resided.

7 Q. Do you know anything about
8 Actavis's lobby efforts with respect to
9 drug regulation?

10 A. I do not.

11 Q. Did you ever hear anything
12 about that?

13 A. No.

14 Q. Do you know whether there's
15 a department that exists?

16 A. I did not.

17 Q. Are you aware that Allergan
18 transacts business in Ohio -- that
19 Actavis transacts business in Ohio?

20 MR. ROTH: Object to the
21 form.

22 THE WITNESS: Can you be
23 more specific about "transacts
24 business"?

1 BY MS. BAIG:

2 Q. Well, do you know whether
3 there was a sales rep in Ohio?

4 A. I assume there was, yes.

5 Q. Are you aware that Actavis
6 sells opioids in Ohio?

7 MR. ROTH: Object to the
8 form. Vague as to time frame and
9 who you're talking about.

10 BY MS. BAIG:

11 Q. When you were there.

12 A. And by "sell opioids,"
13 promote opioids to physicians?

14 Q. Yes.

15 A. So if we had a sales rep
16 there, yes, they were promoting opioids
17 to physicians.

18 Q. Do you know who that sales
19 rep was?

20 A. No.

21 Q. If you wanted to find out
22 who that sales rep was, who would you go
23 to?

24 A. I would probably call one of

1 the sales directors.

2 MS. BAIG: I have no further
3 questions. Thank you.

4 THE WITNESS: Thank you.

5 MR. ROTH: Can we take a
6 short break, so I can consult with
7 co-counsel, and then we'll come
8 back on?

9 VIDEO TECHNICIAN: The time
10 is 4:04 p.m. Off the record.

11 - - -

12 (Whereupon, a brief recess
13 was taken.)

14 - - -

15 VIDEO TECHNICIAN: We are
16 back on the record. The time is
17 4:16 p.m.

18 - - -

19 EXAMINATION

20 - - -

21 BY MR. ROTH:

22 Q. Ms. Altier, you testified
23 earlier that you joined Actavis in the
24 summer of 2010; is that correct?

1 A. That's correct.

2 Q. Why were you hired?

3 A. I was hired because Actavis
4 had just received a warning letter,
5 earlier that year, on the promotional
6 materials they were using, and I was
7 brought in to create new materials.

8 Q. What process did you go
9 through to revise the company's
10 promotional materials for Kadian?

11 A. Sure. We created materials
12 that were based exclusively on the
13 product label, approved by the FDA. I
14 like to -- I always used to like to call
15 it a colorful PI.

16 We created those materials,
17 we submitted them through our promotional
18 review committee process, which consisted
19 of legal and regulatory review, to make
20 sure that we were compliant. And those
21 materials were produced and given to the
22 sales force.

23 Q. And how would you describe
24 the marketing materials you produced for

1 Kadian?

2 A. Let's see. Benign,
3 conservative, very straightforward,
4 modeled after the label.

5 Q. What interaction did you
6 have with the inVentiv sales reps during
7 your tenure at Actavis while the inVentiv
8 contract was still ongoing?

9 A. Sure. My role was marketing
10 director, I would present the marketing
11 materials to them.

12 Q. And how would you describe
13 the inVentiv sales reps' promotion of
14 Kadian?

15 A. Again, you know, they were
16 trained on what -- the safety and the
17 efficacy of the product; they stuck to
18 the materials that they were given, which
19 was, basically, you know, a colorful
20 version of the PI; instructed to provide
21 appropriate safety that was in the
22 materials with every detail.

23 Q. Did Actavis ever hire a
24 speakers bureau for Kadian?

1 A. No.

2 Q. Did Actavis ever sponsor a
3 continuing medical education seminars
4 related to Kadian?

5 A. No.

6 Q. Did Actavis ever fund
7 clinical or other scientific studies for
8 the purpose of promoting Kadian?

9 A. Not during my tenure, no.

10 Q. Did Actavis ever hire key
11 opinion leaders for the purposes of
12 promoting Kadian?

13 A. No.

14 Q. Did Actavis ever engage pain
15 advocacy or other patient advocacy
16 organizations for the purposes of
17 promoting Kadian?

18 A. No.

19 Q. Why did Actavis adopt such a
20 benign and conservative marketing
21 strategy for Kadian?

22 A. We were at the end of our
23 product lifecycle. Generic competition
24 was imminent. Our goal was to maintain

1 product share.

2 Q. When did Actavis stop
3 detailing physicians and pharmacies for
4 Kadian in person?

5 A. The merger with Watson, the
6 Watson management made the decision to
7 let the sales force go at the end of
8 2012.

9 Q. We saw some documents and
10 heard testimony today related to MoxDuo.

11 Do you remember that?

12 A. I do.

13 Q. Was MoxDuo ever marketed or
14 sold?

15 A. It was not.

16 Q. And why not?

17 A. It was not approved by the
18 FDA.

19 MR. ROTH: That's all I have
20 for now.

21 MS. BAIG: I have nothing
22 further.

23 - - -

24 EXAMINATION

1 - - -

2 BY MS. PINCUS:

3 Q. Ms. Altier --

4 VIDEO TECHNICIAN: So you
5 probably do want to come because
6 you need a microphone.

7 - - -

8 (Whereupon, a discussion off
9 the record occurred.)

10 - - -

11 BY MS. PINCUS:

12 Q. Good afternoon, Ms. Altier.
13 My name is Lauren Pincus, and I'm here on
14 behalf of Rochester Drug Cooperative.

15 I realize it's been a long
16 day, so I'll try and be brief.

17 A. Thank you.

18 Q. Are you familiar with
19 Rochester Drug Cooperative?

20 A. No.

21 Q. Do you recall having any
22 dealings with Rochester Drug Cooperative
23 during your time at Actavis?

24 A. No, not that I recall.

1 MS. PINCUS: No further
2 questions.

3 MR. ROTH: Does anyone on
4 the phone have any questions for
5 the witness?

6 MR. DIAMANTATOS: Yes. This
7 is Tinos Diamantatos, from Morgan
8 Lewis on behalf of the Teva
9 defendants.

10 - - -

11 (Whereupon, a discussion off
12 the record occurred.)

13 - - -

14 BY MR. DIAMANTATOS:

15 Q. Can you hear me now?

16 A. Yes.

17 Q. Terrific.

18 Ms. Altier, how are you?

19 Nice to meet you --

20 MS. BAIG: Have you
21 cross-noticed this deposition?
22 Who is taking questions now,
23 exactly.

24 MR. DIAMANTATOS: I can't

1 hear the questioner, whoever just
2 said that. Can you repeat that?

3 MS. BAIG: Can you please
4 restate who is taking questions
5 now?

6 MR. DIAMANTATOS: Sure.
7 First name is Tinos, T-I-N-O-S,
8 last name, Diamantatos,
9 D-I-A-M-A-N-T-A-T-O-S. I'm with
10 Morgan Lewis and Bockius on behalf
11 of Teva defendants Cephalon and
12 the acquired entities. And I
13 e-mailed the address yesterday
14 stating that I would be appearing
15 on behalf of those entities for
16 today's purposes.

17 MS. BAIG: And have you
18 cross-noticed this deposition?

19 MR. ROTH: They don't need
20 to if they're just following up on
21 generic issues which they're
22 defending.

23 MS. BAIG: Have you
24 cross-noticed this deposition?

1 MR. DIAMANTATOS: I have
2 not.

3 MS. BAIG: Okay. I would
4 object to the extent that it's in
5 violation of the protocol.

6 But go ahead.

7 MR. DIAMANTATOS: I've
8 reviewed the protocol, and I don't
9 think any of my questions or my
10 questioning of the witness is in
11 violation of the protocol, just
12 for the record.

13 MS. BAIG: Okay. Go ahead.

14 MR. DIAMANTATOS: May I
15 proceed? Thank you.

16 BY MR. DIAMANTATOS:

17 Q. Ms. Altier, you can't see me
18 but nice to meet you.

19 A. Nice to meet you.

20 Q. My name is Tinos, I
21 represent Teva Pharmaceuticals and some
22 related entities.

23 I only have a few brief
24 questions for you, based on some of the

1 questioning this morning. If you can't
2 hear me or it's not coming through on the
3 phone, please let me know.

4 But I'll keep it brief,
5 okay?

6 A. Okay.

7 Q. You testified earlier this
8 morning that for a short period of time,
9 the Kadian sales force helped promote the
10 availability of oxymorphone.

11 Do you recall that?

12 A. I do.

13 Q. And we also saw an exhibit,
14 I believe it was marked as Exhibit Number
15 17, 1-7, which was a slide deck regarding
16 oxymorphone.

17 What do you recall about the
18 Kadian sales team's involvement?

19 A. I believe the question was,
20 what do I recall about the Kadian sales
21 team's involvement?

22 Their involvement was to
23 inform physicians that the strengths of
24 the 7.5 and the 15 were still available,

1 even though the brand had pulled their
2 version of that drug.

3 Q. Anything beyond that, that
4 you recall?

5 A. No.

6 Q. You also mentioned that when
7 Kadian went to generic, the inVentiv's
8 team promoted the Kadian generic.

9 Can you please explain what
10 you meant by that?

11 A. Sure. I guess, they just --
12 they continued promoting Kadian the way
13 they were, but an additional message was
14 that there was a generic version
15 available for their patients.

16 Q. And apart from the instances
17 that we saw regarding oxymorphone and
18 generic Kadian, are you aware of inVentiv
19 promoting products other than Kadian?

20 A. I am not.

21 MR. DIAMANTATOS: We're
22 reserving the right to ask further
23 questions if the need arises. I
24 have no further questions for the

1 witness at this time.

2 MS. BAIG: I have nothing
3 further.

4 VIDEO TECHNICIAN: This
5 marks the end of today's
6 deposition. The time is 4:24 p.m.
7 Off the record.

8 - - -

9 (Whereupon, the deposition
10 concluded at 4:24 p.m.)

11 - - -

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1 CERTIFICATE

2

3

4 I HEREBY CERTIFY that the
5 witness was duly sworn by me and that the
6 deposition is a true record of the
7 testimony given by the witness.

8

9

10

Amanda Maslynsky-Miller

11

Certified Realtime Reporter

Dated: August 6, 2018

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17 (The foregoing certification
18 of this transcript does not apply to any
19 reproduction of the same by any means,
20 unless under the direct control and/or
21 supervision of the certifying reporter.)

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2

3 Please read your deposition
4 over carefully and make any necessary
5 corrections. You should state the reason
6 in the appropriate space on the errata
7 sheet for any corrections that are made.

8 After doing so, please sign
9 the errata sheet and date it.

10 You are signing same subject
11 to the changes you have noted on the
12 errata sheet, which will be attached to
13 your deposition.

14 It is imperative that you
15 return the original errata sheet to the
16 deposing attorney within thirty (30) days
17 of receipt of the deposition transcript
18 by you. If you fail to do so, the
19 deposition transcript may be deemed to be
20 accurate and may be used in court.

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ACKNOWLEDGMENT OF DEPONENT

I, _____, do
hereby certify that I have read the
foregoing pages, 1 - 377, and that the
same is a correct transcription of the
answers given by me to the questions
therein propounded, except for the
corrections or changes in form or
substance, if any, noted in the attached
Errata Sheet.

JENNIFER ALTIER

DATE

Subscribed and sworn
to before me this
_____ day of _____, 20____.

My commission expires: _____

Notary Public

1	LAWYER'S NOTES		
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